

High Desert Chiropractic

9179 G Avenue
P.O. Box 401707
Hesperia, Ca. 92340
(760) 244-0035

INFORMED CONSENT FOR CHIROPRACTIC TREATMENTS AND CARE

I hereby request and consent to the performance of chiropractic manipulation and other chiropractic procedures, including examination, various modes of physiotherapy, and/or x-rays, on me (or on the patient named below, for whom I am legally responsible) by Jamie L. Wiegel, D.C., and/or other licensed doctors of chiropractic who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor of chiropractic named above.

I understand that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations, and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name (Please Print)

Signature of Patient (or guardian if patient is a minor)

Date

PRIVACY PRACTICES ACKNOWLEDGEMENT

EFFECTIVE DATE

This Notice is effective as of April 15, 2003

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Practice's Privacy Notice

Signature of Patient (or guardian if patient is a minor)

Date