

CONSENT TO EXAMINATION

I consent to an appropriate examination by the chiropractor and / or therapist working at Wishaw Chiropractic Clinic.

Patient Name:.....

SignedDate:.....

Clinic Fees:

Initial Consultation: £49 Adjustment visits: £37 Re-Exams: £10 X-rays: £60

CONSENT TO TREATMENT (Please sign after speaking with the chiropractor)

I hereby request and consent to the performance of chiropractic treatment for me by any of the chiropractors contracted to work at Wishaw Chiropractic Clinic.

I consent to all chiropractors and therapists working at Wishaw Chiropractic Clinic to have access to my clinical notes for the purposes of treatment.

I have had the opportunity to discuss with the chiropractor the nature and purpose of the chiropractic treatment and other procedures. I understand that the results are not guaranteed.

I further understand and am informed that, as in all health care, in the practice of chiropractic there are some potential risk factors. I do not expect the chiropractor to be able to anticipate and explain all risks and complications and I wish to rely on the chiropractor to exercise judgement during the course of the procedure, which the chiropractor feels at the time, based upon the facts then known, and is in my best interests.

Signed
(Patient)

Signed
(Chiropractor)

CHILD CONSENT

I hereby give my consent for my child to be treated by the chiropractor using chiropractic methods as seen fit.

Parent/Guardian:
.....
(Print name)

Signed:
.....
(Signature)

Date: