

**Informed Consent to Chiropractic Treatment**

I hereby request and consent to the performance of Chiropractic examinations, adjustments, and any other associated procedures on me by **Thomas P. Jeffers, Jeffers Neck & Back Pain Center,**

I understand, as with any health care procedures, that there are certain complications, which may arise during Chiropractic treatments. Those complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, Horner's Syndrome, diaphragmatic paralysis, cervical myelopathy, and costovertebral strains and separations.

I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely upon the Doctor to exercise judgement during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, that are in my best interest.

I have had an opportunity to discuss the nature, purpose, and risks of chiropractic care and other recommended procedures. I have had my questions answered to my satisfaction. I also understand that specific results are not guaranteed.

If there is any dispute about my care, I agree to a resolution by binding arbitration according to the American Arbitration Association guidelines. I have read (or have had read to me) the above explanation of chiropractic treatments. I state that I have been informed and weighted the risks involved in chiropractic treatment. I intend for this consent to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment.

Printed Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_