

## **Informed Consent**

### **HEALTH CLINIC OF SOUTHERN CALIFORNIA**

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Thereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic at Health Clinic of Southern California.

I understand that as in practice of medicine, in the practice of chiropractic there are some risks to treatment. 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 on the facts then known is my best interests.

I have read, or have had read to me, the above consent. 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: \_\_\_\_\_

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

Signature of Patient or Guardian if Minor: \_\_\_\_\_