



## INFORMED CONSENT

PATIENT NAME \_\_\_\_\_

Elite Chiropractic Center

Dr. Christina Claywell

11 Ginger Creek Village Glen Carbon IL 62034

618-307-9540

I do authorize the doctors of Elite Chiropractic Center to administer such care that is necessary for my particular case. This may include consultation, examination, spinal adjustments and other chiropractic procedures, including various forms of exercise, nutritional counseling or any other procedure that is advisable and necessary for my health.

I authorize the doctors of Elite Chiropractic Center to discuss the nature and purpose of the chiropractic adjustments and other procedures related to my health care. I understand that I am responsible for all fees incurred for the various services provided. I understand that a fee for services rendered will be charged and that I am responsible for this fee whether results are obtained or not.

I will use my hands or a mechanical instrument upon your body in such a way as to move your joints. This procedure is referred to as "Spinal Manipulation" or Spinal Adjustment" As the joints in your spine are moved, you may experience a "pop" as part of the process..

There are certain complications that can occur as a result of a spinal manipulation. These complications include, but are not limited to: muscle strain, cervical myelopathy, disc and vertebral injury, fractures, strains and dislocations, Bernard-Horner's Syndrome (also known as oculosympathetic palsy), costovertebral strains and separation. Rare complications include but are not limited to stroke. The most common complication or complaint following spinal manipulation is an ache or stiffness at the site of adjustment.

I am aware of these complications, and in order to minimize their occurrence I will take precautions. These precautions include but are not limited to my taking a detailed clinical history of you and examining you for any defect which would cause a complication. This examination may include the use of x-rays. The use of x-ray equipment may pose a risk if you are pregnant. If you are pregnant, you should tell me when I take your clinical history.

I understand that all insurance coverage is an arrangement between my insurance carrier and myself. The doctors of Elite Chiropractic will provide any reports needed or information required to aid in insurance reimbursement however I do understand that insurance carriers may deny any claim and that I am ultimately responsible for any unpaid balances. Any monies received will be credited to my account.

I understand that it is important that I arrive on time for all scheduled appointments. In addition, I understand that it is my responsibility to cancel or reschedule my appointment(s), if necessary, in advance of the appointment date/time. Failure to reschedule or cancel my appointment(s) in advance will result in a \$25.00 fee for each missed appointment. Missed appointment fees will not be submitted to my health plan and will be my sole responsibility.

DATE \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (if a minor)