

Mary Warren, DC
VITAL FORCE WELLNESS, P.A.
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INFORMED CONSENT TO CHIROPRACTIC TREATMENT

THE PRIMARY TREATMENTS USED ARE THE SPINAL ADJUSTMENT, PERCUSSION AND LOW LEVEL COLD LASER. WE MAY USE ONE OR ALL OF THESE TO TREAT YOU.

THE NATURE OF CHIROPRACTIC ADJUSTMENT AND PERCUSSION.

We will use our hands or a mechanical device upon your body in such a way as to move your joints and the adjacent soft tissue. That may cause an audible “pop” or “click” much as you have experienced when you crack your knuckles. You may feel or sense movement.

THE MATERIAL RISKS INHERENT IN CHIROPRACTIC ADJUSTMENT AND PERCUSSION.

As with any health care procedure, there are certain, complications, which may arise during a chiropractic adjustment or percussor work. These complications may include: muscle strain, cervical myelopathy, costovertebral strains, separations or fracture, and the possibility of bruising or release of emboli. Some patients will feel some stiffness and soreness following the first day of treatment.

THE PROBABILITY OF THOSE RISKS OCCURRING

We employ tests in our examination that are designed to identify if you may be susceptible to any of these injuries. Complications are generally described as “rare”.

I hereby authorize Dr. Mary Warren and whoever is designated as assistants to administer chiropractic examination, treatment and/or x-rays as deemed necessary for my care.

As a female I understand that if I am currently pregnant, Dr. Warren will not be using the percussor or laser on or around the fetus, nor stimulating any acupuncture points that might disrupt a normal pregnancy_____

If of age to receive Medicare, I understand that the services I receive are **not** covered under Medicare:_____

Signature_____Date_____