

TROY NEUROPATHY & CHIROPRACTIC CENTER

Dr. Anthony Paternoster • 1767 West Big Beaver Road • Troy, MI 48084

Informed Consent For Chiropractic Care

A patient, in coming to the Chiropractic Physician, gives the doctor permission and authority to care for the patient in accordance with the chiropractic examinations, diagnosis and analysis.

Like all forms of health care, chiropractic offers considerable benefits. However, as with all forms of health care, the practice of chiropractic involves some risks to treatment including, but not limited to: fractures, disc injuries, strokes, dislocations and sprains. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury.

I understand that the doctor will use his hands and/or a mechanical device upon my body during treatment. The doctor will not give any treatment or health care if he is aware that such care may be contraindicated (a condition which makes a particular treatment or procedure inadvisable). Again, it is the responsibility of the patient to make it known, or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses or deformities that would otherwise not come to the attention of the chiropractic physician.

The chiropractic physician provides a specialized, non-duplicating health care service. Our Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

I understand that if I am accepted as a patient by a chiropractic physician at Troy Neuropathy & Chiropractic Center, PLLC I am authorizing them to proceed with any treatment and/or adjunct therapies that may be necessary. There has been no promise, implied or otherwise, of a cure for any symptom, disease or conditions as a result of treatment at Troy Neuropathy & Chiropractic Center, PLLC. All my questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction and the benefits, risks and alternatives of chiropractic care have been explained to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

Patient Signature or Legal Guardian

Today's Date

Print Patient Name

Relationship to Patient