

**PULSE CHIROPRACTIC CLINIC
12325 SCARSDALE BLVD.
HOUSTON, TX 77089**

INFORMED CONSENT TO CHIROPRACTIC TREATMENT

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, including a comprehensive exam, diagnostic x-ray(s) physical therapy techniques, on me (or on the patient named below for which I am legally responsible) which are recommended by Katherine S. Pulse, D.C. and/or other licensed doctors of chiropractic who now or in the future render treatment to me while employed by, associated with or observing as a back up for Pulse Chiropractic Clinic.

I understand that, as with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include but are not limited to, fractures, dislocations, muscle strain, costovertebral strains and separations. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. This is a very rare occurrence (a one, in one to three million chance). We screen our patients for indications that they are candidates for chiropractic manipulation to the best of our ability. I do not expect the doctor to be able to anticipate all risk and complications during the course of the procedure (s) which the doctor feels at the time, based upon the facts then known, are in the best interest.

I have had an opportunity to discuss with Katherine S. Pulse, D.C. and or with office personnel the nature, purpose and risk of chiropractic adjustments and other recommended procedures and have had my questions answered to my satisfaction. I understand that the results are not guaranteed.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. By signing below, I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the chiropractic treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment. 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.

Print name of patient

Signature of patient

Date

Signature of patient's representative
(If minor)

Date