

Informed Consent

I hereby request and consent to the performance of chiropractic adjustments or any procedure such as but not limited to: myofascial tissue work, various forms of taping, stretching and strengthening that the licensed chiropractic physician sees fit to improve biomechanics and limited ranges of motion that may cause pain or effect one's normal everyday routine.

The Chiropractic adjustment is a safe and effective skill used to restore and improve the movements/function of the musculoskeletal system (bone, muscle, tendon, ligament, fascia). When a functional unit (two vertebrae and the intervertebral disk combined) are moving without resistance the body tends to be at ease and free from dis-ease. However, resistance in the nervous system, whether it is from the muscle, nerve, bone, tendon, fascia or all combined, tend to cause pain due to the lack of movement or the wrong movement between functional units of the spine.

I have had the opportunity to ask questions about chiropractic care and realize as with all healthcare providers there are risk involved. It is highly unlikely that one will ever experience these risks in this office such as: sprains, strains, stroke, fractures, or dislocations. The chiropractic physician, Shane Russell, or any other licensed chiropractor that may work in this office are highly trained and will do all that is necessary to benefit the patient and do no harm.

I _____ (patient's name) understand that LifeChange On The Go will not submit any billing data or related claims for, or on, my behalf to any private insurance program. Medicare or any Secondary Medicare Insurance program carrier with whom I have insurance coverage. I hereby acknowledge that I will be financially responsible to remit payment in full for all services provided to me at LifeChange On The Go. By signing this form, you understand the informed consent and are giving permission to use and disclose your protected health information in accordance with applicable laws.

I have read, or had read to me, the above consent and understand the contents of it.

Print Patient's Name

Representative of Patient

Patient's Signature

Representative Signature

Date

Date

Doctor's Signature