

**CONSENT FOR CHIROPRACTIC CARE**

**I hereby request that Dr. Amanda F. Jerviss provide chiropractic services for me (or my minor child, whose name appears below.) Dr. Jerviss has explained to me the following:**

- 1. The purpose of chiropractic care is the location, analysis and correction of vertebral subluxations for the restoration of normal nerve functioning.**
- 2. Chiropractic is a separate and distinct profession, and is not the practice of medicine; therefore diagnosis of medical conditions is not a primary goal.**
- 3. Dr. Jerviss does not give medical advice, nor does she discourage me from receiving medical advice. If she deems it advisable, Dr. Jerviss will refer me for medical advice.**
- 4. Dr. Jerviss uses only chiropractic methods that are taught in accredited colleges and she will select appropriate techniques for my spine and the subluxations she finds.**
- 5. Chiropractic adjustments are exceedingly safe when applied properly, however, all actions in life come with some risk, including chiropractic adjustments.**
- 6. Although the risks are minimal, there have been rare reports of vertebral artery damage, fractures and aggravation of disc conditions associated with chiropractic procedures.**
- 7. That because a small force is introduced into the spine during an adjustment, there may be temporary minor musculoskeletal discomfort.**
- 8. That I am invited to ask any questions or express any concerns that I may have.**
- 9. That I am free to withdraw my consent and discontinue care at any time.**

**Print Name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_