

**INFORMED CONSENT TO CHIROPRACTIC CARE**

**Catania Chiropractic PC**  
**Dr. Adrien Catania**  
*Practice of Chiropractic*  
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Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Please discuss any questions or concerns with the Doctor before signing this consent**

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays by the doctor of chiropractic named above.

I have had the opportunity to discuss with the doctor and/or with other office or clinic personnel the purpose and benefits of the chiropractic adjustments and other treatments outlined below. Alternatives to treatment have been reviewed.

Though chiropractic adjustments and treatments are usually beneficial and seldom cause any problem, I understand and am informed that there are some risks to treatment. Risks include, but are not limited to, fractures, disc injuries, strokes, dislocations and sprains.

I understand that I will be receiving the following treatment:

- A. Chiropractic Spinal Manipulation
- B. Various Modalities
  - 1. Mechanical Intersegmental Traction
  - 2. Myofacial Release
  - 3. Massage Therapy
  - 4. Electrical Stimulation
  - 5. Heat/Cold Application
  - 6. Therapeutic Exercise
  - 7. Extremity Manipulation

I understand that chiropractic is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the chiropractic treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

\_\_\_\_\_  
Signature of Patient, Parent, Guardian or Personal Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of Patient, Parent, Guardian, or Personal Representative \_\_\_\_\_  
Relationship to Patient

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_