Drew E. Karp, D.C., F.I.A.M.A.
Chiropractic Physician

INFORMED CONSENT TO
CHIROPRACTIC & ACUPUNCTURE CARE

I,_____, hereby consent and request the performance of chiropractic and/or acupuncture procedures, including adjustments, nutritional tests, acupuncture and nutritional supplements for the purpose of treatment, on me or for whom I am legally responsible, by the clinical staff at Dr. Karp's Wellness Center.

I have been informed that chiropractic and acupuncture are generally safe methods of treatment, but that, as with any health care procedure, there may be certain side effects. Side effects include soreness, bruising, numbness or tingling near the needling sites that may last a few days and dizziness or fainting. Unusual risks include, but are not limited to, fractures, disc injuries, strokes, dislocations, sprains, organ puncture, and burns. The nutritional supplements (which are from plant, animal and mineral sources) are traditionally considered safe.

For acupuncture treatment, the clinic uses sterile disposable needles and maintains a clean and safe environment.

I will notify a staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest.

I understand that results are not guaranteed.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment and publicly release agreement. I have been told about the risks and benefits of chiropractic and acupuncture and other procedures, and have had an opportunity to ask questions. 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.

Patient Name (Printed): _____ Date: _____

Signature of Patient, Parent, or Guardia: _____

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