

Chiropractic Treatment Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Address

Consent

I hereby voluntarily consent to receive chiropractic treatment and related healthcare services. I understand that chiropractic care involves the assessment and treatment of the musculoskeletal system and may include manual adjustment, mobilization, modalities, and exercise recommendations.

- ☐ I understand the risks and benefits of chiropractic treatment.
- ☐ All my questions regarding the treatment have been answered.

Medical History Disclosure

List any medical conditions, allergies, or medications.

Patient Signature

Signature

Date