



INFORMED CONSENT TO
CHIROPRACTIC EXAMINATION/EVALUATION/ADJUSTMENTS AND CARE

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, on me (or on the patient named below, for whom I am legally responsible) by Dr. MarcAndré Bock and/or other licensed doctors of chiropractic who now or in the future treat me while employed by, working or associated with or serving as back up for Dr. Bock, including those working at Dr. Bock's office at 8201 Newman Avenue, Suite 102, Huntington Beach, or any other office or clinic.

I understand that by signing this form, I am consenting to an examination by Dr. Marc Bock who employs standard chiropractic examination methods including the following:

1. Observation: General assessment/appraisal in all positions.
2. Inspection: Viewing/looking at your body parts. Visualization includes general body viewing in a standing position, front, back and sides. All symptomatic (painful) body parts may be viewed. Women may continue wearing their bra during examination unless it obscures visualization/viewing of injured/abnormal body parts. Women may request a female observer be present anytime.
3. Auscultation: Using a stethoscope to listen for blood pressure and other body sounds.
4. Palpation: This means the doctor will touch you. The doctor will feel for tenderness, heat, swelling, nodularity, laxity of tissues, integrity and abnormality.
5. Percussion: using a rubber hammer and tapping on bones or tendons.
6. Orthopedic/neurological testing: These are standard tests to access your neuromuscular and skeletal systems.

Note: You do not have to submit to any examination procedure. We ask that you comply with the best of your ability and report changes in your pain. The doctor accomplishes all procedures to your tolerance.

I have had an opportunity to discuss with Dr. Bock and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgement during the course of the procedure that the doctor feels at the time, based upon the facts then known, is in my best interests.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. 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.

I understand that there is an expectation that I will benefit from chiropractic treatment but there is no guarantee that this will occur. I also understand that maximum benefit will occur by following the treatment guidelines and that at times I may feel discomfort during my therapy as the process can sometimes be uncomfortable.

I _____ understand the above statements and agree to submit to the above procedures and accept the risks and consequences of their application.

Date

Patient Signature

Patient's Representative

Date

Witness Signature

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