



CONSENT TO TREAT

I hereby request and consent to the performance procedures offered by Integrative Regional Medical Center to include Medical, Physical Rehabilitation, Chiropractic manipulation and manual therapy techniques and other procedures recommended by IRMC staff. This also includes diagnostic procedures of Jtech, xrays, blood work or other Diagnostic procedures recommended by IRMC staff where warranted, on me (or on the patient named below, for whom I am legally responsible) by the health care providers named below and/or other health care providers whom now or in the future work at the clinic.

I have had an opportunity to discuss with the health care provider(s) of IRMC services and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic or in the practice of physical rehabilitation there are some risks to treatment and diagnostic services including but not limited to:

Manipulation: increased pain or discomfort, fractures, disc injuries, strokes, dislocations and sprains.

Therapeutic Modalities and procedures: additional pain and discomfort. Endurance exercise may cause increased risk of acute Myocardial Infarction (heart attack) in patients with known or possible cardiac conditions.

Medications both oral, patch or injectable can have adverse side effects.

Radiographs: ionizing radiation can be harmful to a fetus for those who are pregnant or might be pregnant.

I do not expect the health care providers of IRMC to be able to anticipate and explain all risks and complications, and I wish to rely upon the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him or her, is in my best interest.

The health care providers for IRMC have additionally explained the risks associated with my refusal of treatment.

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.

Patient/Guardian Signature _____ Date _____

Witness Signature _____ Date _____