



Lissa A. Grannis, D.C., DACS

### INFORMED CONSENT ACKNOWLEDGEMENT

I, \_\_\_\_\_ hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures by Dr. \_\_\_\_\_ and/or other licensed doctors of chiropractic who may practice in, or be employed by Creekside Chiropractic & Massage.

The following points have been explained to me, to my satisfaction, and I have had opportunity to discuss them with Dr. \_\_\_\_\_, or other clinic personnel.

1. Chiropractic care is their science, philosophy and art of locating and correcting spinal subluxations (misalignments) and as such, is oriented toward improvement of spinal function relative to range of motion, muscular and neurological aspects. There has been no promise, implied or otherwise, of a cure for any symptoms, disease or condition as a result of treatment in this clinic.
2. I understand that the chiropractor will use her/his hands or a mechanical device upon my body to adjust a joint which may cause an audible "pop" or "click".
3. It is my intention to rely on the doctor to exercise professional judgement during the course of any procedures, which she/he feels at the time in my best interest.
4. Neither the practice of chiropractic or medicine is an exact science, but relies upon information related by the patient, information gathered during examination, and the doctor's interpretation thereof, as well as the doctor's judgement and expertise in working with like cases.
5. It is not reasonable to expect the doctor to be able to anticipate, or explain all possible risks and complications of a given procedure on any particular patient.
6. An undesirable result, or side effect, does not necessarily indicate an error in judgement or an improper treatment.
7. As with any health care procedures there are certain complications which may arise during a chiropractic adjustment. Those complications include sprains/strains, dislocations, fractures, disc injuries, or CVA's (cerebral-vascular accidents). These complications are rare occurrences.

I have read the above consent, or had it read to me: have had the opportunity to ask questions and receive answers, am comfortable with the information provided and consent to chiropractic treatments and management on that basis.

\_\_\_\_\_  
Patient's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent or Guardian

(253) 588-1800 Bus  
(253) 588-8781 Fax  
6210 75th St. W., Suite A100  
Lakewood, WA 98499-8108