

## INFORMED CONSENT

---

I, \_\_\_\_\_ (patient), understand that the Chiropractic care provided by Mark Guker, is intended to increase range of motion in the joints involved, reduce pain caused by muscle tension, improve blood circulation and offer a positive experience of touch.

The general benefits of Chiropractic care, possible contraindication to treatment and the treatment procedure have been explained to me. I understand that it is recommended that I concurrently work with my primary care physician for any condition that I may have.

I have informed my Chiropractor of all my known physical conditions, medical conditions and medications that I am currently taking. I understand that it is important for me to relay any changes in my medical condition or the medications to my therapist. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information.

I understand that there is a risk of muscle tenderness or even bruising associated with soft tissue treatments. The risk of stroke, rib fractures and disc herniation have been explained to me. I have discussed these risk factors with my Chiropractor and I understand that if I experience any pain or discomfort during the session that I will immediately communicate that to the therapist so the treatment can be adjusted. I understand that I have the rights to remit or rescind my consent to treatment at any time.

-----

Patient Signature

-----

Date