



Consent for Examination and Treatment

I understand that SOHMA Integrative Health Center is a multidisciplinary facility. I acknowledge that during the course of my care I (or the person named below for whom I am legally responsible) may receive chiropractic adjustments and other procedures, including various modes of physical therapy, acupuncture and other oriental medicine procedures.

I understand that, as in the practice of medicine, in the practice of other clinical therapies there are some risks to treatment. I understand that I will receive chiropractic treatments, acupuncture, massage therapy, physical therapy, and/or medical treatments in the form of injections. The most common risks are temporary aggravation of my condition or soreness. Rarer risks include, but are not limited to, fractures, strokes, dislocations, sprains, burns and aggravation of disc injuries.

I understand that if I receive acupuncture and oriental medicine treatments the risks include but are not limited to: minor bleeding, local bruising, fainting, temporary pain or discomfort, the possible temporary aggravation of prior existing symptoms or allergic reactions to supplements.

I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on him or her to exercise judgment during the course of the procedure which he or she feels at the time, based on the facts then known, is in my best interests.

I have read, or have had read to me, the above consent. 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's Name (Printed)

Date

Patient or Guardian's Signature