LONE STAR FAMILY CHIROPRACTIC, P.L.L.C.

DR. TYSON NEILL

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INFORMED CONSENT TO CHIROPRACTIC TREATMENT

A patient, in coming to the Chiropractor, gives Dr. Neill permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. Dr. Neill, of course, will not give any treatment or health care if he is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Doctor of Chiropractic. The Chiropractor will provide a specialized, non-duplicating health care service. Dr. Neill is licensed in a special practice and is available to work with other types of providers in your health care regime.

I understand that if I am accepted as a patient by Dr. Neill at Lone Star Family Chiropractic, I am authorizing them to proceed with any treatment that may be necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request. The most common adverse effects are minor and temporary and include **stiffness** or **soreness** after the first few days of treatment (similar to starting a new exercise regime or having braces put on your teeth). Other rare but potential complications include **muscular stain**, **fractures of bone**, **injury to intervertebral discs**, **nerves or spinal cord**, or **stroke/cerebrovascular injury** (estimated to be less than 1 in 2 million to 5.8 million cervical manipulations). Complications from therapies used in addition to your adjustment are rare but may cause **skin irritation**, **burns**, **soreness**, or other minor complications.

I have read the above explanation of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefit of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment. **Initial:** _____

PREGNANCY WAIVER

I hereby acknowledge that Dr. Neill of Lone Star Family Chiropractic has informed me prior to being x-rayed of the advisability of risk and the probable consequences of receiving x-rays during pregnancy. I have stated on my own violation that I was not pregnant at the time and do hereby release and hold harmless from any legal action or responsibility caused by the use of this procedure. **Initial:** _____

**** My Last Menstrual Period (LMP) was _____/_____/_____.**

** Must be filled out by all females of child bearing age.

HIPPA RELEASE

I understand that some of my health information may be used and/or disclosed by Lone Star Family Chiropractic to carry out treatment, payment, or health care operations, and that a complete description of such uses and disclosures has been made available to me in writing. I also understand that I can request a copy of this privacy notice and that disclosures of my health information for any other reason must be agreed upon by me in writing. **Initial:** _____

Patient Name (Printed): _____ Date: _____

Patient/Guardian Signature: _____