



2177 Troop Drive
Sartell, MN 56377

Chiropractic Consent

Any procedure intended to help, may also do harm. While chiropractic and therapeutic procedures (e.g. spinal adjustment, ultrasound, heat and cold application, electrotherapy, and manual muscle therapy) are considered remarkably safe and effective, please understand that occasionally there may be adverse reactions.

Although the chances of experiencing any of these complications are extremely small, it is the practice of this office to fully inform and educate all our patients. These complications include, but are not limited to :

- | | | | |
|----------|------------------------|--------------------|---------------|
| Pain | Swelling | Inflammation | Disc Injury |
| Burns | Nausea | Dizziness | Weakness |
| Bleeding | Sensory Changes | Bone Fracture | Discoloration |
| Stroke | Worsening of condition | Spinal cord damage | Bruising |

I understand there is no guarantee or warranty for a specific cure or result. I understand that I can request further explanation regarding any and all possible attendant to my care.

Patient Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____

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Consent to Treat a Minor

I, _____ (parent/guardian) give my permission to Dr. Cheryl Carlson at Synergy Chiropractic and Wellness Clinic to give spinal adjustment/manipulations and necessary therapies to _____ (child's name), _____ (DOB).

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____