

Informed consent to Musculoskeletal Therapy

The information on this form is and will remain strictly confidential

Please read the following sections carefully and write and sign where appropriate. If you have any questions, please ask before signing

I, (Patient's Name) _____ have chosen to consult with and hereby give consent for Musculoskeletal Therapy to be provided by (Therapists Name) _____ who I understand is a member of the Australian Natural Therapists Association Ltd (ANTA).

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that Musculoskeletal Therapy may provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, reduction in the symptoms of stress related conditions, relaxation and provision of general wellbeing.

I also understand that Musculoskeletal Therapy may produce side effects such as muscle soreness, mild bruising, bruising from Chinese cupping, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Patient Name (Printed)

Patient Signature

(Parent or Guardian must sign if patient under 18 years of age)

Chiropractor Name (Witness)

Chiropractor Signature

___ / ___ / _____ Date

Privacy Policy

The office is committed to the privacy of its patients. Personal information is treated as confidential and is used only for the purpose for which it was collected. Information kept on file will not be release to a third party without the express consent of the patient or as required by law.