

Megan Hudson, D.C.  
52 Maple Street  
Florence MA 01062  
413.695.2738

## **CONSENT TO CHIROPRACTIC SERVICES**

I, \_\_\_\_\_, date of birth \_\_\_\_\_ authorize the performance upon myself of the following procedure(s) by Dr. Megan Hudson:

### Examination and/or Treatment

Physicians, Chiropractors, Osteopaths and Physiotherapists using manual manipulation are required to advise their patients that:

1. With neck problems there have been rare incidents of injury to the vertebral artery during the course of treatment. These have caused strokes or stroke-like occurrences, which are usually of a temporary nature. The chances of this happening are approximately 1 in 3 million treatments.
2. With neck or back problems there have been rare incidents of rib separation or fracture, bruising, swelling, or aggravation of symptoms.

### **APPROPRIATE TESTS WILL BE PERFORMED ON YOU TO MINIMIZE RISKS**

I hereby consent to the chiropractic treatment as indicated and explained to me. If during the course of treatment, unforeseen conditions are discovered or unusual conditions develop, I further consent to such additional diagnostic measures and treatment as may be indicated by sound and prudent chiropractic practice, which may require additional x-rays, chiropractic, orthopedic, neurological, and/or laboratory testing or consulting with another doctor.

No guarantee or warranty has been made to me that the results will be to my complete satisfaction.

I have read and understood the above statements and hereby give my consent to chiropractic treatment.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Consent to Treatment of Minor Child**

I, \_\_\_\_\_, hereby authorize Dr. Hudson to administer chiropractic care as she deems necessary to my \_\_\_\_\_,  
(relationship)  
\_\_\_\_\_. As of this date, I have the legal right to select and  
(name of child)  
authorize health care services for the minor child named above.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(town) (state)

Signed by: \_\_\_\_\_ Witnessed by: \_\_\_\_\_