

Winchester Family Chiropractic, PLLC. Dr. A.C. Borrromeo, V

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INFORMED CONSENT TO CHIROPRACTIC EVALUATION AND CARE

I hereby request and consent to the performance of chiropractic evaluation, adjustments, diagnostic x-rays, and other procedures (including various modes of physical therapy), on me by Dr. Abel C. Borrromeo V., Dr. Heather Milioti-Borrromeo, and/or anyone working in this clinic.

I understand and am informed that, as in all health care, in the practice of chiropractic there are risks to treatment, including, but no limited to, muscle strains/sprains, disc injuries, and strokes. I do not expect the doctor to be able to anticipate and explain all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests. I also understand that results are not guaranteed.

I have read the above consent. I have also had an opportunity to ask questions about its content, and 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 Signature (or legal guardian if minor)

Patient printed name (or legal guardian if minor)

Date signed