

Tierrasanta Chiropractic Group

Michael T. Fillat, D.C.
Patrick Marotta, H.H.P.
Roella Bley, LMT

10444 Clairemont Mesa Boulevard
San Diego, CA 92124
(858) 573-1104

Informed Consent To Chiropractic Treatment

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic named below or any doctor of chiropractic working with or filling in for the doctor of chiropractic named below.

I have had an opportunity to discuss with the doctor of chiropractic named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and physical therapy procedures.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and 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 interest.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content and by signing below agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and any future condition(s) for which I seek treatment.

To be completed by patient:

Print Name of Patient

Signature of Patient

_____/_____/_____
Date Signed

To be completed by patient's representative:
i.e. Parent or Guardian

Print Name of Patient

Print Name of Patient's Representative

Representative Relationship to Patient

_____/_____/_____
Date Signed

===== OFFICE USE ONLY =====

Name of Doctor Treating this Patient:

Dr. Michael T. Fillat, D.C.

_____/_____/_____
Date

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