

Informed Consent

The information I have given this office is complete and true to the best of my knowledge.

I understand that chiropractic care is very safe, but there have been some cases of stroke associated with forceful medical or chiropractic adjustments of the upper neck. There is also some risk of fracture of ribs or other bones with forceful adjustments, more so in elderly patients. Even though Dr. Roubos uses the least amount of force possible, I understand that there is still some risk of injury.

Since Dr. Roubos addresses underlying factors, it is possible that I may experience some emotions coming up as a result of our sessions, and I understand that this is a normal and healthy part of the healing process in certain cases.

I agree to communicate with Dr. Roubos as soon as possible if I appear to be experiencing any confusing or adverse effects from his treatment, nutritional therapies he recommends, or home procedures he prescribes.

I understand that certain risks are associated with any form of health care treatment. I accept these risks so that I may receive treatment from Dr. Roubos, and agree to hold him harmless of consequences thereof.

Dr. Roubos has personally reviewed this form with me, and answered my questions.

Print Name _____

Signature _____ Date _____