



**4103 Mercantile Drive  
Lake Oswego, OR 97035**

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**PATIENT INFORMED CONSENT FORM AND ARBITRATION AGREEMENT**

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including examination, various modes of physiotherapy (ultrasound, muscle stimulation, microcurrent, stretching, exercise, etc.), physiological therapeutics (mineral/vitamin supplementation, homeopathic formulations, etc.) and diagnostic x-rays, on me (or on the patient name below, for whom I am legally responsible) by the Doctors employed by the clinic.

I understand that I have an opportunity to discuss with the Doctors employed by the clinic and/or with other office or clinic personnel the nature and purpose of Chiropractic adjustments and other 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, aggravations of inflammatory conditions, sprains and strains. 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 judgement 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 further understand that there is no guarantee or assurance as to the results of any procedures.

I have read, or have had read to me, 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.

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Print Patient's Name \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Patient's Representative \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Patient's Representative \_\_\_\_\_ Date \_\_\_\_\_