

CAI – REVISED CONSENT FORM

I confirm that I have received a full explanation, of the outcomes of the Chiropractor’s assessment and a diagnosis/rationale for care and proposed treatment plan; in terms that I can understand.

I have had the opportunity to ask questions in respect of my reason for attending a Chiropractor. I understand that it is my right to seek a second opinion, at any time; should I wish.

I have been advised of the care options, both Chiropractic and alternates, available to me and acknowledge that any decision to proceed, is based on a full understanding; of the likely benefits and any reasonably foreseeable risks of care. I understand that the outcomes of care, cannot be guaranteed.

I confirm that the financial implications of the proposed plan of care and any available options have been explained to me.

I hereby give consent to the Chiropractor, to retain my personal information, (under GDPR Guidelines); for the purpose of my healthcare.

I also confirm that, I am content, when the Chiropractor deems it necessary and appropriate, I consent for my Chiropractor to contact my general medical practitioner (GP) and for the Chiropractor, using any appropriate means; to discuss aspects of my health or care with my GP.

I understand that the chiropractic diagnosis and treatment plan proposed, is based on the information that I have given to the Chiropractor.

I understand that it is my right to decline care, or withdraw from care, or any aspects of care, at any time. I also understand that I am free to withdraw my consent, to aspects of care.

I understand that I must be committed to attend sessions, on a consistent basis to receive the greatest benefit from treatment. Although I may stop treatment at any time, I agree to inform the Chiropractor of my decision, so that you are aware of my intentions in good time, before the next appointment.

Based on the above, I freely and voluntarily consent to receiving chiropractic care.

Signed: _____

Print Name: _____

Date: _____