

N2HEALTH - CHIROPRACTIC & ACUPUNCTURE

Dr. Naota Hashimoto, DC

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INFORMED CONSENT TO CHIROPRACTIC & ACUPUNCTURE CARE

I hereby consent and request the performance of chiropractic and acupuncture procedures, including adjustments, examination tests, diagnostic x-rays, physiotherapy, acupuncture, moxibustion, cupping, Tui-Na (Chinese massage), Chinese herbal medicine and nutritional supplements for the purpose of treatment, on me or for whom I am legally responsible, by the physicians at N2Health.

I have been informed that chiropractic and acupuncture are generally safe methods of treatment, but that, as with any health care procedure, there may be certain complications or side effects. Side effects include soreness, bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks include, but are not limited to, fractures, disc injuries, strokes, dislocations, sprains, organ puncture, and burns. The herbs and nutritional supplements (which are from plant, animal and mineral sources) are traditionally considered safe in the practice of Chinese medicine, although possible side effects of the taking the herbs including abdominal discomfort may occur. The clinic uses sterile disposable needles and maintains a clean and safe environment. I will notify a staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

Standard Publicity Release Agreement

I hereby grant you, N2Health – Chiropractic & Acupuncture ALL RIGHTS with this my irrevocable explicit approval to use my likeness, voice, etc., as captured or edited, recorded and rendered in various audio, visual, and written medium, to be used in commercial, instructional, and promotional activities as N2Health - Chiropractic & Acupuncture see fit.

N2Health - Chiropractic & Acupuncture shall own 100% rights, title and interest in resulting product and shall have the right to sell rights and transfer rights of the resulting product at their discretion.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment and publicity release agreement. I have been told about the risks and benefits of chiropractic and acupuncture and other procedures, and have had an opportunity to ask questions. 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.

Printed Name of Patient

Date

Signature of Patient, Parent, or Guardian