Michael Moon, M.D.
David C. Majors, M.D.
Kayvan Binaei, PA-C

INFORMED CONSENT TO PHYSICAL REHABILITATION

I herby request and consent to the performance of physical rehabilitation including various modes of physical therapy, diagnostic x-rays, spinal manipulation and/or mobilizations if deemed applicable on me (or on the patient named below, for whom I am legally responsible) by the doctor of physical therapy, licensed physical therapy assistant, or doctor of chiropractic depending on my treatment I consent to who now or in the future treat me while working or associated with this clinic.

I have had an opportunity to discuss with the doctor and/or with other office or clinic personnel the nature and purpose of spinal mobilizations or manipulations and other physical rehabilitation procedures. I understand and informed that, as in the practice of medicine, in the presence of physical rehabilitation there are some risks to treatment including, but not limited to, fractures, disc injuries, strokes, dislocations, and sprains. It is not reasonable to expect the doctor to be able to anticipate and explain all risks and complications or a given procedure on any particular visit, and I 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.

Spinal mobilizations and manipulations involves the science, philosophy, and art of locating and correcting spinal misalignments and as such, is oriented towards improvement of spinal function relative to range of motion, muscular and neurologic aspects. There has been no promise, implied or otherwise, of a cure for any symptom, disease or condition as a result of treatment in this clinic.

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

_____
Signature

_____ _____
Name (Print) Date

_____
Signature:Patient or Legal Representative

_____
Witness to Patient's Signature