**INFORMED CONSENT FOR CHIROPRACTIC CARE**

**Lifetime Chiropractic**

105 E. Butler Street

Manchester, IA 52057

563-927-9400

A patient, in coming to Lifetime Chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or health care if she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures if he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Chiropractic Physician. Dr. Leah Hubbard & Dr. Melissa Wessels provide a specialized, non-duplicating health care service. Dr. Leah Hubbard DC and Dr. Melissa Wessels DC are licensed in a special practice and are available to work with other types of providers in your health care regime.

I understand that if I am accepted as a patient by a physician at Lifetime Chiropractic, I am authorizing them to proceed with any treatment that may be necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

We cannot be certain if your insurance covers chiropractic care, although we do participate as preferred providers for many insurance plans. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. You may want to contact them to confirm your coverage.

All charges incurred are your responsibility. The benefits quoted to us by your insurance company are not a guarantee payment.

Payments will be expected at the time services rendered.

Office Fee Schedule:

Chiropractic Adjustments $28-$42 (depending on the number of segments adjusted)

Manual Therapy (ART) $33.00

Electric Stimulation $20.00

New Patient Exams $54-$77.00 (depending on level of exam)

Re-exam- Est Patients $31- $52.00 (depending on level of exam)

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature if patient is under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mark the areas of the body where you feel the described sensations.**

**Use the appropriate symbol. Include ALL affected areas.**

**NUMBNESS | | | | | | Name**

**BURNING X X X X Date**

**PINS & NEEDLES O O O O**

**DULL & ACHING - - - - - - -**

**SHARP . . . . . . .**

**WEAK < < < < <**

**Rate your pain, 0 no pain, 5 moderate pain, 10 intense/unbearable pain.**

0---1---2---3---4---5---6---7---8---9---10

**FRONT BACK RIGHT LEFT**

