



**DEMETREE  
CHIROPRACTIC  
GROUP**

**MATTHEW C. DEMETREE, D.C.  
DEMETREE CHIROPRACTIC GROUP  
3505 S. ORLANDO DRIVE  
SANFORD, FL 32773  
(407) 324-8222**

**NEW PATIENT “INFORMED CONSENT” FORM**

**To the Patient:**

**Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.**

**CHIROPRACTIC**

- Chiropractic health care seeks to restore health through natural means without the use of medicine, surgery or other invasive means. Chiropractic care is not a substitute for traditional medical care, nor is traditional medical care a substitute for chiropractic.

**ANALYSIS/EXAMINATION**

- A Doctor of Chiropractic (D.C.) conducts an examination for the purpose of determining whether there is evidence of a Subluxation Complex or joint dysfunction, which is a common cause of pain, and internal organ dysfunction. When Subluxation's are found, chiropractic adjustments and ancillary procedures (such as electric muscle stimulation, traction, ice, heat, massage or specific stretches and exercises) may be given in order to restore spinal integrity and health.
- As a part of the analysis and examination procedure, you are consenting to the following procedures:
  - palpation
  - vital signs
  - range of motion testing
  - muscle strength testing
  - orthopedic testing
  - basic neurological testing
  - postural analysis
  - radiographic studies as indicated
  - EMG
  - MRI
  - CT
  - other examination procedures as deemed necessary by the D.C. which will be explained to you before performed

**DIAGNOSIS**

- Although D.C.s are experts in the diagnosis of Subluxations, they are not Medical Doctors. As a chiropractic patient you should be mindful of your own symptoms and should secure other opinions if you have any concerns as to the nature of your total condition. The D.C. may express an opinion as to whether or not you should take this step, and will gladly refer you to the appropriate medical specialist; but you are responsible for the final decision.

**CHIROPRACTIC CARE (ADJUSTMENTS & ANCILLARY PROCEDURES)**

- In coming to the Doctor of Chiropractic you give the Doctor permission and authority to care for you in accordance with the Standard Chiropractic tests, diagnosis' and analysis'. The chiropractic adjustment and ancillary procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render you susceptible to injury (including but not limited to bruising; stiffness; in extremely rare cases, fracture; and at a frequency of 1-4 per million cervical adjustments, stroke which may or may not be terminal). The Doctor will not give a chiropractic adjustment or health care if he/she is aware that such care may be contraindicated or cause injury. The Doctor will make every reasonable effort during the examination to screen for such contraindications; however if you have a condition that would otherwise not come to the D.C.'s attention it is your responsibility to bring such condition to the D.C.'s attention.



**NEW PATIENT “INFORMED CONSENT” FORM**

**Page 2 of 2**

- Ancillary procedures such as electro therapies, ice, heat, traction, massage, acupuncture, etc., if and when prescribed by the Doctor could in rare cases cause light burns, burning sensations, bruising, stiffness and in some cases increased soreness, none of which should be permanent in nature and if occur are very short lived.

**RESULTS**

- You are an individual and your health is unique, therefore it is difficult to predict the time schedule or efficacy of Chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual, but quite satisfactory, response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. The science of Chiropractic and Medicine may never be so exact as to provide definitive answers to every problem.

**Certification**

I, \_\_\_\_\_, certify that I have read and understood  
 (print your name here)  
 this Informed Consent and that my Doctor of Chiropractic has answered any and all questions in this regard to my satisfaction. I hereby consent to chiropractic care from this office.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Witness

**Consent of Treatment of Minor Child**

I, \_\_\_\_\_ hereby authorize Dr. Demetree and  
 (print legal guardian name here)

whomever he/she may designate as his/her assistant to administer chiropractic care as he/she deems necessary to my

\_\_\_\_\_  
 (indicate relationship, i.e. son/daughter)

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of legal guardian Signature of witness