

### **CONSENT FOR CHIROPRACTIC CARE**

**I hereby request that Dr. Kevin Mobley and his licensed substitutes provide chiropractic services for me (or my minor child, whose name appears below.)  
Dr. Mobley has explained to me the following:**

- 1. The purpose of chiropractic care is the location, analysis and correction of vertebral subluxations for the restoration of normal nerve functioning.**
- 2. Chiropractic is a separate and distinct profession, and is not the practice of medicine; therefore diagnosis of medical conditions is not a primary goal.**
- 3. Dr. Mobley does not give medical advice, nor does he discourage me from receiving medical advice. If he deems it advisable, Dr. Mobley will refer me for medical advice.**
- 4. Dr. Mobley uses only chiropractic methods that are taught in accredited colleges and he will select appropriate techniques for my spine and the subluxations he finds.**
- 5. Chiropractic adjustments are exceedingly safe when applied properly; however, all actions in life come with some risk, including chiropractic adjustments.**
- 6. Although the risks are minimal, there have been rare reports of vertebral artery damage, fractures and aggravation of disc conditions associated with chiropractic procedures.**
- 7. That because a small force is introduced into the spine during an adjustment, there may be temporary minor musculoskeletal discomfort.**
- 8. That I am invited to ask any questions or express any concerns that I may have.**
- 9. That I am free to withdraw my consent and discontinue care at any time.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_