

## **SHERWOOD FAMILY CHIROPRACTIC & MASSAGE**

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### **INFORMED CONSENT FOR CHIROPRACTIC ADJUSTMENTS AND TREATMENT OR MASSAGE THERAPY**

*Chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat/ice application, electrotherapy, and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are rare, it is the practice of this office to inform our patient's about them. These complications include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications are available upon request.*

*I have read and understand the above statements regarding treatment side effects. I also understand that there is no guarantee or warranty for a specific cure of result.*

*To be completed by patient:*

*Completed, if necessary, by patient's  
Parent/Guardian:*

\_\_\_\_\_  
*Print patients name*

\_\_\_\_\_  
*Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of patient*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Relationship*