



Living Well

Dr. Cree Guardino
Doctor of Chiropractic

Cindy D. Hernandez
LMT, CST and Reiki Master

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT AND/OR THERAPEUTIC MASSAGE

I hereby request and consent to the performance of chiropractic manipulation and other chiropractic procedures on me, including various modes of physical therapy (or on the patient named below, for whom I am legally responsible) by the licensed doctor of chiropractic named below and/or other licensed doctors of chiropractic who now or in the future treat me while employed by, working, or associated with or serving as back-up for the doctor or chiropractic named below, including those working at the clinic or office listed below or any other office or clinic.

I hereby request and consent to the performance of therapeutic massage and/or other massage techniques including, but not limited to various modes of soft tissue massage, cranial sacral therapy, and/or reiki energy work.

I have had the opportunity to discuss with the doctor of chiropractic and/or massage therapist named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments, massage therapy, cranial sacral technique, reiki energy work, and other procedures that are related to my treatment in this office.

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

To Be Completed By Patient

Patient's Name: _____

Patient's Signature _____

Date: _____

To Be Completed By Patient's Representative *(If patient is a minor or physically or legally incapacitated)*

Patient's Name: _____

Name of Representative: _____

Date: _____

Signature of Representative: _____

Relationship or Authority of Patient's Representative: _____

Licensed Doctor/Massage Therapist

Dr. Cree Guardino, B.S., D.C., D.I.C.C.P.

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