

# Main Street Chiropractic

301-B Main Street • North Myrtle Beach • SC • 29582

Charles L. Lennon III, D.C.

## Consent for Chiropractic Care

I hereby request that Dr. Charles L. Lennon III provide chiropractic services for me. Dr. Lennon 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 medicines; therefore, diagnosis of medical conditions is not a primary goal.
3. Dr. Lennon does not give medical advice, nor does he discourage me from receiving medical advice. If he deems it advisable, Dr. Lennon will refer me for medical advice.
4. Dr. Lennon uses only chiropractic methods that are taught in accredited colleges and/or agencies 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 very 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:** \_\_\_\_\_  
(please print)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_