



# HUDDERSFIELD CHIROPRACTIC CLINIC

To proceed further, your Chiropractor will need your informed consent, firstly to examine you, then to x-ray you if appropriate and finally to begin treatment. At each stage you will be asked to sign a "Consent to proceed". At any time please feel free to ask your chiropractor to stop and explain any procedure with which you are uncomfortable. It is your right to have a chaperone present should you desire.

## 1. Consent to Physical examination

Your chiropractor will perform an examination of the relevant areas of your body. You will be asked to disrobe in one of the changing cubicles - your chiropractor will inform you how far to disrobe. Ladies will be provided with a gown and a dressing gown.

The examination will concentrate on your musculoskeletal system (the spine, arms and legs), but it may also be necessary to examine your heart, lungs and abdomen, this is performed to eliminate any other cause of your problem and is normal Chiropractic procedure.

If it is felt that you would benefit from an examination of an intimate part of your body, you will be referred to your GP for this.

I consent to the examination as described above.

Name: .....Signature: .....Date: .....

## 2. X-ray examination

X-rays may need to be taken. If your chiropractor thinks this is necessary, you will be asked to sign a separate consent form. The reasons for this examination will be explained to you by your chiropractor.

## 3. Treatment

You will have been given a leaflet issued by the General Chiropractic Council, which outlines the procedures, benefits and risks of chiropractic care. At this stage we seek your informed consent to continue to treat your condition in the way outlined by your Chiropractor and ask you to confirm that you have read and understand the leaflet and would like to continue with treatment.

I have read the leaflet entitled "What can I expect when I see a Chiropractor" and have been given a report of findings regarding my condition. I have been advised of and understood, the possible risks of treatment and have had all my questions answered to my satisfaction. I consent to treatment as outlined by my chiropractor.

Name: .....Signature: .....Date:.....

PLEASE NOTE 24HOURS CANCELLATION NOTICE IS REQUIRED. A HALF CHARGE WILL BE MADE FOR LATE CANCELLATIONS AND MISSED APPOINTMENTS.