



ALL ABOUT WELLNESS

DR. ANTHONY J. NEARY

Board Certified Chiropractor

Board Eligible Diplomat

Chiropractic Neurology Board

INFORMED CONSENT TO TREATMENT AND CARE

I hereby request and consent to the performance of chiropractic adjustments and other procedures, including various modes of physical therapy and diagnostic testing, on me (or on the patient named below, for whom I am legally responsible) by Dr. Anthony J. Neary including those working at the clinic.

I have had an opportunity to discuss with the doctor / facility named below and/or with other office or clinic personnel the nature and purpose of medical treatment and chiropractic adjustments and other procedures.

I understand and am informed that as in the practice of medicine & in the practice of chiropractic there are some risks to treatment. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, in my best interest.

I have read, or have had read to me, the above consent. I have also had an 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) which I seek treatment.

Print Patient's Name

Print Name of Patient's Guardian or Parent

Signature of Patient

Signature of Patient's Guardian or Parent

Date Signed

Date Signed

As: Relationship or authority of Patient's Representative

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