

**Wunderlich Chiropractic Clinic, P.A.**  
**Dr. Chance Wunderlich**  
**1402 Lafayette Street – Cape Coral, FL, 33904 – (239)-540-9888**  
**www.drwunderchiro.com**

## **Terms of Acceptance**

The goal of our office is to enable patients to gain control of their health. To attain this, we believe communication is the key. There are often topics that are hard to understand, and we hope this document will clarify those issues for you.

Please read below and if you have any questions please feel free to ask one of our staff members.

### **Informed Consent:**

A patient, in coming to the chiropractic physician, gives the doctor permission and authority to care for the patient in accordance with the chiropractic test, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course will not give any treatment or care if he is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures whatever he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the chiropractic physician. The chiropractic physician provides a specialized, non-duplicating health care service. Your Doctor of Chiropractic

is licensed in a special practice and is available to work with other types of providers in your health care regimen. I understand that if I am accepted as a patient by a physician at Wunderlich Chiropractic, I am authorizing them to proceed with any treatment that may be necessary and discuss with me products that may benefit my health or condition. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

### ***Women Only:***

Please inform the physician or the staff should you be pregnant. \_\_\_\_\_Yes \_\_\_\_\_No

I, \_\_\_\_\_, have read and fully understand the above statements.

**Print Name:** \_\_\_\_\_

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