



Consent to Treat Form – Chadwick’s “Rehab” Staff

I hereby consent to the evaluation and/or treatment of my condition and/or injury by a member of the Chadwick’s Injury Rehabilitation (“Rehab”) staff employed by or under contract with Chadwick’s Fitness & Performance Training. Member(s) of the “Rehab” staff may include: Certified Athletic Trainers (ATCs), Chiropractic Physicians (DCs), and/or Licensed Massage Therapists (LMTs).

The Rehab staff member has thoroughly and fully explained the nature of my condition and/or injury, evaluation and course of treatment, purpose of the procedures to be administered, and the estimated duration of care to be given. The Rehab staff member has also informed me of the expected benefits as well as potential complications or discomfort/pain which may result from his/her rehabilitation services. In addition, the Rehab staff member has explained to me the risks for receiving no treatment.

The Rehab staff member has explained to me that there is no guarantee that the proposed course of treatment will improve or resolve my condition and/or injury and that it is possible, although unlikely, that the course of treatment may cause additional discomfort/pain or aggravate or worsen my condition/injury. I have been allowed the opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Patient/Client _____ / _____
Signature Printed Name

Parent/Relative/Guardian _____ / _____
(if patient/client is a minor) Signature Printed Name