

# Castiglione Chiropractic Centers, Inc.

*Dr. Frank A. Castiglione, D.C.*

## INFORMED CONSENT FOR MEDICAL/CHIROPRACTIC TREATMENT

I hereby request and consent to the performance of medical care and chiropractic adjustments and procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on

chiropractic named below and/or other licensed doctors who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor named below, including those working at the clinic or office listed below or any other office or clinic.

the patient named below, for whom I am legally responsible) by the medical doctor or doctor of I have had an opportunity to discuss with the doctors named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures.

I understand that in the practice of medicine and 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, and is in my best interests.

I have read or have read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intent this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

### Patient Information

Patient's Name \_\_\_\_\_ Signature of Patient \_\_\_\_\_  
Date Signed \_\_\_\_\_ Witness Signature \_\_\_\_\_

**To be completed by patient's representative if patient  
Is a (1) minor, (2) physically or (3) legally incapacitated.**

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to patient \_\_\_\_\_

### To be completed by Doctor or Staff

Name(s) of Doctors treating this patient:

**Doctors of Chiropractic:**

Dr. Frank A. Castiglione, D.C.

**Physical Therapist:**

Paul Addison, P.T.

8350 Archibald Ave., Ste 100  
26941 Cabot Road, Suite 103

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Laguna Hills, CA 92653

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