

ALCHEMY | healing studio
Dr. Adam D. Fogelman
Chiropractic Kinesiologist

Definition:

1. A medieval chemical science and speculative philosophy aiming to achieve the transmutation of the base metals into gold.
2. *The discovery of a universal cure for disease and the discovery of a means of indefinitely prolonging life.*
3. A power or process of transforming something common into something special.

TERMS OF ACCEPTANCE and CONSENT

“Alchemy” and Dr. Adam D. Fogelman are a Chiropractic-based boutique health by design. We serve as a specialist for preventative care, nutritional counseling, as well as consultant for chronic and difficult health issues. As such, we do not provide primary medical care, nor do we offer to diagnose or treat any disease or condition other than vertebral subluxations (misalignments in the spine causing spinal nerve interference which are corrected by specific Chiropractic adjustments). We also do not offer advice regarding treatment prescribed by others. However, if during the course of a Chiropractic spinal examination, we encounter non-Chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

We urge all patients to continue a relationship with a primary medical provider for ongoing routine medical care, as well as urgent medical problems which may arise while you are being treated by Dr. Adam D. Fogelman and our facility. This care could include such things like; routine laboratory work, physicals and annual exams which do not relate to the specific problem we are seeing you for. I fully and completely understand/concur with the above recommendation.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, and any supportive therapies on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic indicated below and/or other licensed doctors of chiropractic and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor of chiropractic named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the doctor of chiropractic named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine and like all other health modalities, results are not guaranteed, and there is no promise of cure. I further understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fractures, disc injuries, strokes, dislocations and sprains. 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, is in my best interests.

I further understand that there are treatment options available for my condition other than chiropractic procedures and have been informed that I have the right to a second opinion and to secure other opinions if I have concerns as to the nature of my symptoms and treatment options.

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) for which I seek treatment.

Patient's Signature

Date