GLORIA PHILLIPS. D.C. 2001 S. Barrington Ste. 316 Wes Los Angeles, CA. 90025

INFORMED CONSENT (EXAMINATION/EVALUATION OF ALL PATIENTS)

By signing this form, you are consenting to an examination by Dr. Gloria Phillips. Dr. Phillips employs standard chiropractic examination and treatment methods including the following:

empto	ys standard chir	ropractic examination and treatment methods including the following:
1.	Observation:	General assessment/appraisal in all positions.
2.	Inspection:	Viewing/looking at your body parts. Visualization includes general body viewing in a standing position, from back and sides. All symptomatic (painful) body parts may be viewed.
3.	Auscultation:	Using stethoscope to listen for blood pressure and other body sounds.
4.	Palpation:	This means the doctor will touch you. The doctor will feel for tenderness heat, swelling, nodularity, laxity of tissues, integrity and abnormality.
5.	Percussion:	Using rubber hammer and tapping on bones or tendons.
6.	Orthopedic/Neurological testing: These are standard test to assess your neuromusculo- skeletal system.	
7.	Chiropractic a use of a mach the area being	adjustments are the moving of the bone with the doctors' hands or with the ine. Frequently adjustments create a "pop" or a "click" sound/sensation in treated.
NOTE:	comply with are accompl and therefor symptoms/d give you our	have to submit to any examination or treatment procedures. I ask you to a the best of your ability and report changes in your pain. All procedures lished to your tolerance. Chiropractic is a system of health care delivered as with any health care delivery system we cannot promise a cure for an isease or condition as a result of treatment in this clinic. We will always best care. If results are not acceptable, we will refer you to another o we feel will assist your situation. If you have any questions on the above our doctor.
I above p	rocedures and	understand the above statement and agree to submit to the
r	and t	accept the risks and consequence of their application.
PATIEN	NT SIGNATUR	DATE
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