

Dr. Veronica Yu
Chiropractor
(519) 281 3468
DrYu.ca

Consent For Services Offered by Dr Veronica Yu BSc, D Ac, DC

Name:
Age:

File #

By signing below, I authorize Dr Veronica Yu, a licensed Chiropractor in the province of Ontario:

To perform the required examinations, including but not limited to:

A patient history and examination, orthopaedic testing, neurological testing, x-ray examination, cranial sacral examination, visceral examination, extended health systems examination, nutritional and psychosocial history:

In order to facilitate my diagnosis and to determine the most appropriate course of treatment specific to my health needs.

I agree that the risks, benefits and alternatives to Acupuncture, Craniosacral therapy, Visceral Manipulation, Reiki and Nutritional interventions have been fully explained to me and I have been given the opportunity to ask questions regarding my treatment before signing this form.

I am free to withdraw my consent and to discontinue participation in these procedures at any time.

With this knowledge, I voluntarily consent to the above procedures, with the understanding that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

Print Name

Signature (Guardian)

Date

Witness