



Informed Consent Document

Patient Name: _____

To the patient:

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment:

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible "pop" or "click" much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

Analysis\Examination\Treatment:

As a part of your analysis, examination, and treatment, you're consenting to the following procedures:

- | | | |
|--------------------------------|--------------------------------|------------------|
| 1. Spinal manipulative therapy | 7. Palpitation | 13. Other: _____ |
| 2. Range of motion testing | 8. Orthopedic Testing | |
| 3. Muscle strength testing | 9. Postural analysis | |
| 4. Ultrasound | 10. Hot\cold therapy | |
| 5. Radiographic studies | 11. Vital Signs | |
| 6. EMS | 12. Basic neurological testing | |

The Material Risks Inherent in Chiropractic Adjustment:

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costal vertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the 1st few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention it is your responsibility to inform me.

The probability of those risks occurring:

Fractures are a rare occurrence and generally result from underlying weakness of the bone which I check for during the taking of your history and during examination and x-ray if needed. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between 1 and 1,000,001 and 5 million cervical adjustments. The other complications are generally described as rare.

The availability and nature of other treatment options:

Other treatment options for your condition may include:

1. Self-administered, over-the-counter analgesics and rest
2. Medical care and prescription drugs such as anti-inflammatory, muscle relaxers and-pain killers
3. Hospitalization
4. Surgery

If you choose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated:

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

Do Not Sign until You Have Read and Understand the Above.

Please Check the Appropriate Block and Sign below

I have read [] or have had read to me [] the above explanation of chiropractic adjustment and related treatment. I have discussed it with the chiropractor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risk, I here give my consent to that treatment.

Dated: _____

Patients Name

Signature

Signature of Parent or Guardian (if a minor)