

INFORMED CONSENT DOCUMENT

Patient Name: _____

Date: _____

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

The nature of the chiropractic adjustment.

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use the procedure to treat you. I may use my hands or mechanical instrument upon your body in such a way, as to move your joints. That 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 part of the analysis, examination and treatment, you are consenting to the following procedures: Spinal manipulative therapy, palpation, vital signs, range of motion testing, ultrasound, hot/cold therapy. EMS, Laser and radiographic studies.

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, injured disks, dislocations, muscle strain, cervical myelopathy, costovertebral 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. Some patients may feel stiffness and soreness following the first few days of treatment. The doctor will make every reasonable effort during the examination to screen for contradictions to care; however, if you have a condition that would otherwise not come to the doctor’s attention, it is your responsibility to inform the doctor. Complications from chiropractic treatment are otherwise extremely rare.

The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain killers
- Hospitalization and surgery

If you chose to use one of the alternative treatment options noted above, you should be aware that there are risks and benefits associated with these options. Please feel to discuss these with your primary care physician.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS DOCUMENT

Dated: _____

Dated: _____

Patient’s Name: _____

Doctor’s Name: _____

Signature: _____

Signature: _____

Signature of Parent or Guardian (if patient is a minor): _____