

# Innate Chiropractic Health, LLC

## GENERAL PATIENT INFORMATION - CONSENT TO CHIROPRACTIC EXAMINATION AND TREATMENT OR ACUPUNCTURE EXAMINATION AND TREATMENT

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 anything is unclear. Please Initial and sign or date in the appropriate fields.

### INFORMATION ABOUT CHIROPRACTIC MANIPULATION

#### The Nature of the Chiropractic Adjustment

The primary treatment used at Innate, Inc. is spinal manipulative therapy. It is likely that spinal manipulative therapy will be used as part of your treatment. Spinal manipulative therapy includes use of the doctor's hands and mechanical instruments upon your body in such a way as to mobilize your joints. This movement may cause an audible 'pop' or 'click,' such as experienced when you 'crack' your knuckles. You may feel a sense of movement. This sound or sensation of movement should not be confused with a successful manipulation, and in no way determines the success of your treatment.

### THE MATERIAL RISKS INHERENT IN CHIROPRACTIC ADJUSTMENT

All patient care, including chiropractic treatment, has the potential for negative effects. The risks associated with chiropractic treatments include, but are not limited to, dislocations and sprains, disc injuries, fractures and strokes. These negative effects are very rare and will be fully explained to you by your doctor after the examination has been completed and a treatment plan has been developed. Your doctor will formulate a treatment plan and will recommend what she feel is in your best interest.

### THE PROBABILITY OF THOSE RISKS OCCURRING

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which your doctor looks for during your initial consultation, your examination and while reviewing any x-rays. Stroke has been the subject of tremendous disagreement. The incidence of a stroke is exceedingly rare and is estimated to occur between one in one million and one in five million adjustments of the neck. The other complications are also generally described as 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 & prescription drugs such as anti-inflammatories, muscle relaxants, & pain-killers
- Physiotherapy
- Hospitalization
- Surgery

If you choose to use one of the above "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 care physician.

### THE RISKS AND DANGERS ATTENDANT TO REMAINING UNTREATED

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

### THE CHIROPRACTIC EXAMINATION

Prior to establishing a treatment plan, the doctor must perform a Chiropractic Examination in order to determine the exact cause of your complaint. During the examination, the doctor will perform some procedures or maneuvers intended to reproduce your symptoms, which will allow for a better understanding of the nature of your condition and for the development of an appropriate treatment regimen. There is a slight possibility that these maneuvers may temporarily aggravate your symptoms.

By initialing below, I state that I want to investigate how chiropractic care can help me (or the patient listed below to whom I am the legal-guardian), and consent to a chiropractic examination. Once a treatment plan is established, I will have the opportunity to discuss the treatment plan with my doctor and to consent to the proposed care. I intend this

consent to cover any examinations for my present condition and for any future condition for which I seek treatment at Innate, Inc.

**Initials** \_\_\_\_\_

The list below includes the various treatments available at Innate, Inc. and the potential risks associated with these treatments.

**CHIROPRACTIC MANIPULATIVE THERAPY**

The risks associated with chiropractic treatments include, but are not limited to, dislocations and sprains, disc injuries, fractures, and strokes. These negative effects are very rare and your doctor will do a careful screening for contraindications during the consultation and examination. Another, more common side effect associated with chiropractic manipulative therapy is some soreness or stiffness following the treatment. Your doctor may recommend the use of ice packs to reduce the discomfort.

**THERAPEUTIC ULTRASOUND**

The therapeutic effect of therapeutic ultrasound is produced by heat. The risk associated with ultrasound therapy is burning of the tissues at the application site. Ultrasound should not be painful. If you experience pain during the treatment, please inform your doctor. If you have a metallic implant in the area to be treated, inform your doctor, as the implant concentrates the heat.

**ELECTROTHERAPY**

The therapeutic electric current is transmitted to your body via electrodes. A small defect in the electrode coating, not always detectable by observation, may concentrate the current, causing a small burn to the skin. If you feel a sting where the electrode is placed, please inform your doctor. Electric stimulation causes muscles to contract and in rare instances a muscle cramp may occur during such treatment. Inform your doctor if the procedure is uncomfortable.

**COLD LASER THERAPY**

Generally there are no side effects for cold laser therapy. The potential risk associated with this therapy is damage to the eye when the beam is pointed directly into the eye. In rare instances, burning of muscle or deep tissues may be possible if the laser is concentrated in one area for an extended period of time. Please inform your doctor if you feel increased heat sensations during treatment.

**ACTIVE RELEASE THERAPY**

Generally, there are few risks involved with Active Release Therapy. The potential risk associated with this therapy is bruising in the area of treatment, or feelings of soreness or achiness in the area of treatment. Inform your doctor of the presence of such reactions after the treatment. Ice may be recommended to reduce discomfort.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN.

I have **read** [ ] or **have had read to me** [ ] the above explanations of Innate, Inc. operations and the nature of chiropractic examination and treatment. I have discussed with Dr. Baar 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 (or, in the case of a minor, in the best interest of the patient) to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Consent to evaluate and adjust a minor child:

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_  
Understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.