Informed Consent

PATIENT NAME:_____ Date of Birth:_____

To the patient: Please read this entire document prior to signing. 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 we use as Doctors of Chiropractic is spinal manipulative therapy. We may use our hands or a mechanical instrument called an Activator in order to move your joints to improve their function, alignment and reduce nearby nerve irritation. You may feel a "click" or "pop," and you may feel movement of the joints during the adjustment. Various ancillary procedures, such as massage, trigger point therapy, hot or cold packs, electric muscle stimulation, therapeutic ultrasound, rehab exercises, traction or decompression therapy may also be used to aid in treatment and to prepare your body for the adjustments.

Possible risks and probability of those risks occurring.

By any standard, chiropractic adjustment is a conservative and very safe procedure. Chiropractic, as well as all other health professions, is associated with potential risks in the delivery of treatment. Therefore it is necessary to inform the patient of such risks prior to initiating care. While Chiropractic treatment is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed before consenting to treatment. Chiropractic is a system of health care delivery and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition, or disease as a result of treatment in this office.

Although generally described as rare, chiropractic adjustments and physical therapy procedures may be accompanied by post treatment soreness, disc injury aggravation, muscle strains, minor burns to the skin while receiving moist heat, rare rib injury or fracture or in very rare incidents (with high risk patients) stroke. Precautions such as pre-treatment history, examination and diagnostic x-rays as needed prior to care minimize such risks, as well as performing all treatment carefully. Some patients will feel some stiffness and soreness following the first few days of treatment. We 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 our attention, it is your responsibility to inform us.

Risks of remaining untreated.

Remaining untreated or delay of treatment may increase complications that include the formation of adhesions, scar tissue and other degenerative changes. These changes decrease joint motion and may lead to chronic pain. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I do not expect the doctors to anticipate, nor explain all of the risks, and/or complications that are possible, but I will rely on the Doctor's training and education which she feels necessary, based on the facts and diagnosis in my case, knowing that she will act in my best interest.

Acupuncture treatment

Acupuncture attempts to normalize physiological functions, to modify the perception of pain, and to treat certain diseases and dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days and dizziness or fainting. I understand that I should not move while the needles are being inserted, during treatment, or when the needles are being removed. Unusual risks of acupuncture include lung puncture (pneumothorax) if acupuncture is performed in the region of the lung. Infection is another possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. **I will notify the doctor who is caring for me if I am or become pregnant. Although acupuncture is safe to use during pregnancy, there are some acupuncture points to be avoided in pregnancy. I will also notify the doctor if I have a bleeding disorder, if I am taking anti-coagulants or other medication.**

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read, or have had read to me, the above explanation. 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 realizing that no guarantees can be made regarding the outcome of treatment. Having been informed of the risks, I hereby give my consent to treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

_____ _____

Patient's Name **Date**

_____ _____

Patient's Signature (or Parent/Guardian) **Print name of Parent or Guardian (if a minor)**