

Possible chiropractic risks: Chiropractic treatment for pain is safe and the majority of patients experience decreased pain and improved mobility. Approximately 30% of patients experience slight increased pain, soreness, and stiffness in the treated area, possibly due to minor muscle strain, tendon, or ligament. When this occurs within the first few days of treatment, the increased pain is typically brief and improves over the next few days. Increased pain may also occur with exercise, heat, cold, and electrical stimulation, or any other adjunctive therapies the doctor may use. Possible skin irritation or burns may also occur with the use of gels, patches, thermal, or electrical therapy.

Serious bodily harm is extremely rare and not an inherent risk of chiropractic or CFR treatment. But many variables can adversely affect one's health, including previous injury, medications, osteoporosis, cancer, aneurism, occluded arteries, and other illnesses, disease, or conditions. When these conditions are present, CFR and chiropractic treatment may be associated with serious adverse events, such as fracture, dislocation, or aggravation of previous injury to ligaments, intervertebral discs, nerves, or spinal cord, nerve injury, or cerebral vascular accident. In cases of symptoms of stroke or cerebrovascular injury following a chiropractic adjustment or CFR procedure, immediately alert the doctor and seek medical attention. Your doctor is aware of this association and when appropriate may assess for symptoms and signs of stroke.

Please inform your chiropractor of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical condition you have, including osteoporosis, heart disease, cancer, stroke, fracture, or previous severe injury.

Other options for the treatment of pain include: *do nothing – Just live with it, use over-the-counter medications, massage, physical therapy, medical care, injections, or surgery.*

There are hundreds of other treatments for pain. Most treatments that have potential benefit also have potential risk. You are encouraged to ask questions regarding possible risks of chiropractic and/or CFR treatment.

IF YOU HAVE AN ANEURYSM, ARE ON BLOOD THINNERS, HAD FACIAL OR MAXILLARY SURGERY, HAVE BRAIN CANCER (EITHER BENIGN OR MALIGNANT), ARE ALLERGIC TO LATEX, OR EXPERIENCED A PREVIOUS CVA, YOU MAY NOT BE A CANDIDATE FOR THIS TREATMENT. YOUR INITIALS BELOW ATTEST TO THE FACT THAT YOU HAVE BEEN FULLY INFORMED OF THESE INHERENT RISKS AND THAT NONE OF THESE ISSUES PERTAIN TO YOU, AND THAT YOU TAKE FULL RESPONSIBILITY FOR ANY ADVERSE REACTIONS RELATING TO ANY OF THE ABOVE-MENTIONED CONDITIONS.

_____ INITIALS

My signature below confirms that I have read the paragraphs above and that I understand what my doctor has told me about possible risks of treatment and that I have had the opportunity to ask questions and have my questions answered. I also understand that there is NO guarantee that Chiropractic or CFR treatment will work for me or help improve my condition. I understand that my condition may even get worse, and though this is usually not the case, the doctor has explained this possibility to me, I fully understand it, and I am still agreeing to proceed with the recommended treatment. I have fully disclosed to my doctor my medical history regarding the above specified complicating factors and all other conditions that have caused symptoms in the past.

_____ Patient Name

_____ Signature

_____ Date

_____ Patient Phone #

_____ Patient Email Address

_____ Doctor's Signature

_____ Date