DiSalvatore Chiropractic
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INFORMED CONSENT TO TREATMENT

State law requires us to obtain your informed consent before starting treatment.
I, _____, of _____(City/State) do hereby give my consent to the performance of conservative non-invasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving movement of the joints and soft tissues. Physical therapy and exercises may also be used. I have made my decision voluntarily and freely.
Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are other risks and possible complications associated with these procedures as follows:
Soreness: I am aware that like exercise it is common to experience muscle soreness in the first few treatments.
Fractures/Joint Injury: I further understand that in isolated cases underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis or other minor abnormality is detected, this office will proceed with extra caution.
Stroke: Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that this serious side effect is reported to occur once in one million to once in ten million treatments. Once in ten million is about the same chance as aspirin or Tylenol causing death. Once in a million is the same odds as getting hit by lightning.
Dizziness: Temporary symptoms like dizziness and nausea are also rare.
Physical Therapy Burns: Some of the machines used in this office generate heat and may rarely cause a burn. Despite precautions, if a burn is obtained, there will be a temporary increase of pain and possible blistering. This should be reported to the doctor. Tests have been performed on me to minimize the risk of any complication and I freely assume these risks. I also understand that there are possible benefits associated with this procedure including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits. I realize that the practice of chiropractic/medicine is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures. I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing.

ALTERNATIVE TREATMENTS AVAILABLE

Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, exercises and possible surgery and/or medications.
Medications: Medication can be used to reduce pain or inflammation. I am aware that long term or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.
Rest/Exercises: It has been explained to me that simple bed rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of home therapy exercises.
Surgery: Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.
Non treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, more inflammation, and worsening of pathology. The aforementioned may complicate treatment making recovery and rehabilitation more difficult and lengthy.
I have read or have had read to me the above explanation of chiropractic treatment. Any questions I have had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM.
To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

Signature of patient: _____ Date and time: _____

Signature of witness: _____