

Northern Lakes Chiropractic Clinic, P.C.

CONSENT FORM

To Our Patients:

Chiropractic examination and therapeutic procedures (including spinal adjustment, heat application, electrotherapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform patients about them. Side effects include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare and their association with spinal adjustments (manipulation) is debated. These complications include injury to the arteries in the neck, which may be associated with stroke and serious neurologic impairment, injuries to the spinal discs, and spinal fractures. Serious complications are estimated to be in the range of .5 - 2 incidents per million adjustments for adjustments of the neck, and 1 per million for adjustments of the low back.

I have read and understand the above statements regarding treatment side effects. I also understand that there is no guarantee or warranty for a specific cure or results. Additionally, I understand that I play an important role in my own health care. Just as a patient can choose to discontinue care at any time, Northern Lakes Chiropractic Clinic reserves the right to terminate a doctor-patient relationship if a patient is continually unable to comply with reasonable treatment plans.

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

Printed name of Patient

Witness to Patient's Signature

Patient Signature

Witness Signature

Date

Date

Signature of Patients' Representative
(if a minor or physically incapacitated)