



Patient Name: _____

Guardian/Parent filling out this form: _____

Relationship to Patient: _____

CHIROPRACTIC INFORMED CONSENT FORM

Chiropractic treatment or management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare. Following are the known risks:

-Temporary soreness or increased symptoms or pain. It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments.

-Dizziness, nausea, flushing. These symptoms are relatively rare. It is important to notify the chiropractor if you experience these symptoms during or after your care.

-Fractures. When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your chiropractor if you have been diagnosed with a bone weakening disease or condition. If your chiropractor detects any such condition while you are under care, you will be informed and your treatment plan will be modified to minimize risk of fracture.

-Disc herniation or prolapse. Spinal disc conditions like bulges or herniations may worsen even with chiropractic care. It is important to notify your chiropractor if symptoms change or worsen.

-Stroke. A certain extremely rare type of stroke has been associated with chiropractic care. Although there is an association between this type of stroke and chiropractic visits, there is also an association between this type of stroke and primary care medical visits. According to the most recent research, there is no evidence of excess risk of stroke associated with chiropractic care. The increased occurrence of this type of stroke associated with both chiropractic and medical visits is likely explained by patients with neck pain and headache consulting both doctors of chiropractic and primary care medical doctors before their stroke.

I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of care.

I have read or had read to me this informed consent document. I have discussed or been given the opportunity to discuss any questions or concerns with my chiropractor and have had these answered to my satisfaction prior to my signing this informed consent document. I have made my decision voluntarily and freely.

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic treatment or management of the above named patient's condition(s). Including:

- Chiropractic adjustments to joints of the body (including but not limited to the spine, jaw, head, pelvis, extremities).
- Rehabilitation exercises and stretching
- Traction (with orthotic or intersegmental traction)
- Cryotherapy (ice pack)
- Massage therapy (including myofascial release, trigger point therapy)
- Electrical stimulation modalities (TENS, interferential, myostim, etc.)
- Therapeutic ultrasound
- Taping or bracing

_____ a) I specifically give consent to allow the above named patient to receive any of the above listed treatments when I am not present because I feel that they are sufficiently mature and intelligent enough to understand and appreciate the benefits, risks, and alternatives of the proposed treatments; and can make a voluntary and rational choice on whether to pursue or deny these treatments.

b) I realize that I may be responsible for any charges the above named patient incurs from treatments provided when I am not present.

c) I also understand that unless specifically requested, I may not be notified for each date of service that the above named patient receives treatment.

d) I am aware that I can restrict this consent to a specific timeframe if I chose.

e) I have the legal authority to sign this authorization/consent form.

If there are restrictions to this consent please list/describe below:

Signature of Patient or Guardian

Date

Based on my personal observation and the patient's history and physical exam, I conclude that throughout the informed consent process the patient was:

- Of legal age
- Consent given through Guardian
- Oriented x3
- Appears unimpaired
- Fluent in English
- Assisted by a translator or interpreter

_____, D.C.
Signature of Chiropractor

Date

Signature of Translator, if applicable

Signature of Witness, if present