**CHIROPRACTIC INFORMED CONSENT TO TREAT**

**Please read this entire document prior to signing it.** 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 Chiropractic Examination and Treatment:

There are a number of procedures used by Doctors of Chiropractic that may be used in your treatment. A physical examination will be performed to obtain a baseline level of functioning as well to partially determine an appropriate course of treatment and associated recommendations. Chiropractic adjustments gently move joints to help increase your range of motion and reduce tight muscles. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, massage therapy or exercises may be recommended/used.

Additionally, there may be referrals to other doctors as necessary, and their treatment should involve the same informed consent with disclosure of risks and benefits as is being done here.

**Benefits of Chiropractic Care**

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasms. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

**Other treatment options which could be considered may include the following:**

* Over-the-counter analgesics. The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
* Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
* Hospitalization in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
* Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

The risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications/risks which may align with chiropractic manipulation. These complications include but are not limited to: temporary worsening of symptoms –such as stiffness and soreness, last only a few hours to a few days, muscle strain, fractures, disc injuries, dislocations, cervical myelopathy, costovertebral strains and separations, and burns. Studies have concluded that, “cervical manipulation for neck pain is much safer than the use of NSAIDs, by as much as a factor of several hundred times” . The Doctor 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 the Doctor's attention it is your responsibility to inform the Doctor.

The probability of those risks occurring.

The best quality scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, it indicates that patients may be consulting medical doctors and/or chiropractors for symptoms of headache and neck pain when they are in the early stages of a stroke. The possibility of such injuries occurring in association with chiropractic treatment is extremely rare.

By initialing and signing this form,

\_\_\_\_\_ I understand that as in the practice of medicine, in the practice of other clinical therapies, there are some risks

to treatment as described above. I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on him/her to exercise judgment during the course of the procedure which he or she feels at the time, based on the facts and condition then known/provided to the practitioner, is in my best interest. I understand and am informed that, as in the practice of medicine and like all other health modalities, results are not guaranteed, and there is no promise of cure.

**I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.**

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***To be Completed by the Patient***

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*Signature of Patient*  Print Name Date

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***To be Completed by the Patient's Guardian/ Representative***

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Name of Patient Relationship to Patient

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*Signature of Guardian/ Representative*  Print Name of Guardian/ Representative Date