

Informed Consent to Chiropractic Treatment

The Nature of Chiropractic treatment: The Doctor of Chiropractic may perform an examination of the area of complaint and **if medically necessary**, s/he may take radiographs in order to correctly diagnose the condition. The doctor uses their hands or a mechanical device to move your joints. You may hear a “click” or a “pop” similar to your knuckles cracking and you may feel the joint moving. Additional therapies such as myofascial release, ice, electric muscle stimulation or cold laser may also be used. The doctor will make a very 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.

Possible Risks: As with any healthcare procedure, complications are possible following a chiropractic manipulation. These complications could include but not limited to: fractures of bone, muscular strain, ligamentous strain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. Some patients may feel stiff and sore after the first few days of treatment.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as rare. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million.

Other Treatments which could be considered outside this office may include: over the counter analgesics and rest, medical care including medically prescribed anti-inflammatories, tranquilizers, analgesics, medical pain management including injections, hospitalization or surgery.

Risks of Remaining Untreated: Delay of treatment may allow the formation of adhesions, scar tissue, and other degenerative changes which can further decrease skeletal mobility and induce chronic pain cycles. Over time, this process may complicate the condition and make future rehabilitation more difficult.

I, _____, have read the above explanation of chiropractic treatment and will present any questions that I may have to the doctor. By signing below I state that I have weighed the risks involved in undergoing treatment. I have freely decided to undergo the recommended treatment and I give my full consent to treatment.

Date

Patient’s Signature

Doctor’s Name

Signature of Parent/Guardian if Minor

Doctor’s Signature