



INFORMED CONSENT

Patient name:

The primary treatment used by doctors of chiropractic is the spinal adjustment. We will use that procedure to treat you.

The nature of the chiropractic adjustment:

I will use my hands or a mechanical device upon your body in such a way as to move your joints that may cause an audible “pop” or “click”, much as you have experienced when you “crack” your knuckles, you may feel or sense movement.

The materials risks inherent in chiropractic adjustment:

As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications may include fractures, disc injuries, dislocations, muscle strain, and/or cervical strain. Some types of manipulation of the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

The probabilities of certain risks occurring are identified below:

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during examination and x-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one in a million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as “rare”.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. I have been informed of the risks; I hereby give my consent to that treatment.

Date: _____

Patient (print)

Parent/Guardian (print)

Patient (signature)

Parent/Guardian (signature)