

Informed Consent to Chiropractic/Therapy

Our approach is to combine the most effective treatment available. However, you have a right to be informed about your condition, the recommended treatment, and potential risks. This information is not meant to scare, or alarm you. In fact, some risks are rarely experienced. These risks include, but are not limited to the following:

Passive Therapies:

Chiropractic Adjustments – broken bones, dizziness, dislocations, sprain & strains, aggravation of condition, increased symptoms, no improvement of symptoms, in rare cases.... stroke, paralysis, and vision loss have been reported

Cryotherapy – skin reactions

Heat – 1st or 2nd degree burns

Ultrasound – periosteal burns

Interferential – bruising, release of emboli, skin reaction, electric shock

Myofascial Release, Trigger Point Therapy – bruising, release of emboli, blood pressure changes

Active Therapies:

Stretching – muscle aches

Exercise – aggravation of present condition, blood pressure changes, increased heart rate

Additionally, I've been informed that the chiropractic treatment may be performed by one of several highly qualified and fully licensed Doctor(s) of Chiropractic working at this facility. I have read the above information. I have also had an opportunity to ask questions. All of my questions have been answered to my satisfaction. By signing below, I'm requesting and consenting to care at this facility.

Patient/Parent, Legal Guardian

Date

Witness Signature, If Minor

Date