

# INFORMED CONSENT FORM

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. In anything is unclear, please ask questions before you sign.

## The nature of the chiropractic adjustment

The primary treatments I use as a Doctor of Chiropractic are spinal manipulative therapy and soft tissue treatments. I will use these procedures to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints or manipulate the muscles. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

## Analysis / Examination / Treatment

As a part of the analysis, examination, and treatment, you are consenting to all the following procedures:

Spinal manipulative therapy  
Range of motion testing  
Muscle strength testing  
Ultrasound  
Therapeutic exercise

Palpation  
Orthopedic testing  
Postural analysis  
Hot/cold therapy  
Mechanical traction

Vital signs  
Basic neurological testing  
Electrical Stimulation  
Massage Therapy

## The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely rare.

Some patients will feel some stiffness and soreness following the first few days of treatment. I 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 my attention, it is your responsibility to inform me.

**The availability and nature of other treatment options**

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization
- Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

**The risks and dangers attendant to remaining untreated**

Remaining untreated may allow injuries to worsen as the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility and function. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

**I have read the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Aaron Young DC 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. Having been informed of the risks, I hereby give my consent to treatment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Patient’s Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of Parent or Guardian  
(if a minor)**