



## INFORMED CONSENT AND AUTHORIZATION TO TREAT

**Please read and sign the informed consent. This must be read and signed prior to the doctor performing an examination. If you have any questions or concerns, please address them to the doctor.**

### **Chiropractic:**

Doctors of Chiropractic (D.C.) who use manual therapy techniques such as spinal adjustments are required to advise patients that there may be some risks associated with such treatment.

- a) While rare, some patients have experienced rib fractures, or muscle and ligament strains or sprains following spinal adjustments.
- b) Some types of spinal adjustments of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Stroke has been the subject of tremendous disagreement within and without the profession, with prominent authority saying that there is at most a one-in-a-million chance of such an outcome. We employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury.
- c) There have been rare reported cases of disc injuries following neck or low back adjustments although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustments, has been the subject of government reports and multidisciplinary studies conducted over many years and have been demonstrated to be highly effective in treating spinal pain, headaches and other symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

### **Acupuncture:**

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, and stuck or bent needles. I have been advised that only sterilized needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

**I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of treatment which the doctor feels at the time, based upon the facts then known, are in my best interests. I understand that the results are not guaranteed. I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of the chiropractic treatment (may include spinal adjustments &/or acupuncture) as well as the contents of this Consent. I consent to the treatments recommended to me by my chiropractor.**

Patient Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_