

Informed Consent for Care

All hospitals and most health care physicians now require informed consent forms to be completed to make patients aware of all factors related to their treatment. We take that same approach in our office. Like all forms of health care, while offering considerable benefit, chiropractic care and/or spinal decompression may provide some form of risk. The level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care and/or spinal decompression. The types of complications that have been reported include sprain/strain injuries and irritation of a disc condition. One of the rarest complications, occurring at a rate between one instance per million and one instance per two million cervical spine (neck) adjustments may be a vertebral injury that could lead to stroke. Also, in rare instances, fractures may occur.

Prior to receiving chiropractic care, laser therapy and/or spinal decompression in this office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and in particular your spinal health. These procedures will assist us in determining if chiropractic care and/or spinal decompression are needed, or if any further examinations or studies are necessary before treatment. In addition, they will help us in determining if there are any reasons to modify your care plan or provide you with a referral to another health care provider. All relevant findings will be reported to you along with your care plan to help you become healthier prior to beginning care.

I understand and accept that there are risks associated with chiropractic care/spinal decompression/neuropathy and or laser therapy and give my consent to the examination that the doctor deems necessary, and to the chiropractic care/spinal decompression/neuropathy and or laser therapy including spinal adjustments, as reported following my assessment.

Patient Name (Printed)

Relationship to Patient

Patient Signature (or guardian if applicable)

Date

Witness Signature (Office Staff)

Date