



### Informed Consent to Treatment

I hereby request and consent to the performance of chiropractic manipulation and any other chiropractic procedures, including examination, physiotherapy techniques, acupuncture and any other diagnostic test ordered by the Doctor of Chiropractic (D.C.) who now or in the future renders treatment to me while employed by, associated with or serving as temporary coverage for Family Chiropractic & Acupuncture, P.C.

The primary chiropractic treatment used by a Doctor of Chiropractic is spinal manipulative therapy and this procedure may be used during your treatment. As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and physiotherapy. These complications include, but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Fractures are rare occurrences and generally result from some underlying weakness of the bone which is checked for during your examination, the taking of your history and x-ray if ordered. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also described as rare. There are few known complications from acupuncture but may include minor bleeding and bruising, muscle spasm or fainting.

Some patients will feel some stiffness or soreness during the first few days of treatment, a feeling that is often compared to starting a new exercise program. Every reasonable effort will be made to screen for contraindications to care; however, if you have a condition that would not otherwise come to the D.C.'s attention, it is your responsibility to inform him or her.

Other treatment options for your condition may include: self administered, over the counter analgesics and rest; medical care and prescription drugs; injections; hospitalization; and surgery. If you choose 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 will want to discuss these with your primary medical doctor.

I have read or have had read to me the above explanation of treatment. By signing below, I state that I have weighed the risks vs. benefits and have decided that it is in my best interest to undergo the treatment recommended by the Doctor of Chiropractic in this office. I hereby give my consent to that treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness