



Informed Consent to Treatment

The nature of the chiropractic adjustment

I will use my hand or a mechanical device upon your body in such a way as to move your joints. That may cause an audible "pop" or "click", much as you have experience when you "crack" you knuckle. You may feel or sense movement.

The material risks inherent in chiropractic adjustment

As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, and muscle strain. Some patients will feel some stiffness and soreness following the first few days of treatments

The probability of those risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we for during the taking of your history and during examinations. Stroke has been the subject of tremendous disagreement within and without the profession with on prominent authority saying that there is at most one-in-a-million change of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The complications are also generally described as "rare"

The risks and dangers attendant to remaining untreated

Remaining untreated allows the formations of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment. I 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 myself decided that is in my best interest to undergo the treatment recommended. Having been informed the risks, I hereby give my consent to CHIROsport and Spine.

Printed Name

Signature

Date

Printed Name of Parent or Guardian

Printed Name of Parent or Guardian

Date

WITNESS:

Printed Name

Signature

Date