

Informed Consent to Chiropractic Treatment

The Nature of Chiropractic Treatment: Your chiropractor will use her hands to apply a specific low force thrust in order to move your bones and soft tissues. You may hear a “click” or “pop”, such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. This thrust is applied to correct subluxations, also called ‘pinched nerves’, in your body which alter you body’s ability to function properly.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic adjustment. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. Some patients may notice stiffness or soreness following the first few adjustments; these symptoms usually disappear in a day or two, much like the soreness after exercising.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as “rare”, about as often as complications seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures and by using low-force thrusts without any twisting motions of the neck.

Other treatment options which could be considered may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual risks: I have had the unusual risks of my case explained to me.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to chiropractic treatment.

Printed Name

Signature

Date

Witness Name Printed

Signature

Date

Minor Child Release For Care

I hereby request and authorized Dr. Sherri Prestwich, D.C. to perform physical exam and render chiropractic adjustments to my *minor child* _____. As of this date, I have the legal right to select and authorize health care service for the minor child named above.

Parent/Guardian Name Printed

Signature

Date

Witness Name Printed

Signature

Date