



Patient Name _____

File # _____

INFORMED CONSENT

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

Analysis / Examination

As a part of the analysis and examination, you are consenting to the following procedures:

- | | |
|---|--|
| <input type="checkbox"/> range of motion testing | <input type="checkbox"/> vital signs |
| <input type="checkbox"/> manual muscle strength testing | <input type="checkbox"/> physical examination |
| <input type="checkbox"/> radiographic studies | <input type="checkbox"/> basic neurological testing |
| <input type="checkbox"/> palpation | <input type="checkbox"/> laboratory testing |
| <input type="checkbox"/> orthopedic testing | <input type="checkbox"/> referral for further imaging or |
| <input type="checkbox"/> postural analysis | laboratory analysis as needed |

**Please initial each procedure you are consenting to.

The nature of the chiropractic adjustment

Spinal manipulative therapy is one of the primary treatments used by Doctors of Chiropractic. This involves the doctor using his or her hands as a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible “pop” or “click,” much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

The material risks inherent in chiropractic adjustment

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulative therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, and costovertebral strains and separations. 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. Some patients will feel some stiffness and soreness following the first few days of treatment. The doctor will make every reasonable effort during the examination to screen for contraindication to care; however, if you have a condition that would otherwise not come to the doctor’s attention, it is your responsibility to inform the doctor.

The probability of those risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone which will be checked for during the taking of your history and during physical examination and X-ray. 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 generally described as rare.

Treatment

As a part of the treatment, you are consenting to the following procedures:

- | | |
|---|---|
| <input type="checkbox"/> spinal manipulative therapy | <input type="checkbox"/> exercise recommendations |
| <input type="checkbox"/> soft tissue manipulation | <input type="checkbox"/> acupuncture or acupressure |
| <input type="checkbox"/> dietary counseling | <input type="checkbox"/> electrical stimulation |
| <input type="checkbox"/> prescribing supplements or herbs | <input type="checkbox"/> referral or EMS |

**Please initial each procedure you are consenting to.

The availability and nature of other treatment options

Other treatment options for your condition may include:

- self-administered, over-the-counter analgesics and rest
- medical care and prescription drugs
- hospitalization
- 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 may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated

Leaving musculoskeletal problems untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

Postponing conservative or prophylactic care may result in the eventual development of complications and/or pathology necessitating medical intervention or critical care.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCKS AND SIGN BELOW.

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. David Renner [] or Dr. Margarite Melikian [] and 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 decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Dated: _____

Dated: _____

Patient's Name

Doctor's Name

Signature (of Parent or Guardian if a minor)

Signature