

INFORMED CONSENT FOR TREATMENT

PATIENT NAME:

PATIENT FILE #:

Physicians and other health care providers are required to obtain your informed consent before starting treatment.

I _____ do hereby give my consent to the performance of chiropractic treatment that may consist of manipulations/adjustments, physical medicine and exercises. I understand that the manipulations/adjustments will involve movement of the joints and soft tissues that is considered to be one of the safest and most effective form of therapy for musculoskeletal problems.

I am aware that there are possible risks/complications associated with my treatment. Tests have been performed to minimize these risks. I freely assume the risks of treatment after having been informed of the possible risks/complications associated with my treatment as follows:

1. **Soreness:** It is common to experience muscle soreness during treatment
2. **Uncomfortableness:** Temporary symptoms (dizziness, nausea) can occur, but are rare.
3. **Fractures/Joint Injury:** Underlying physical defects, deformities or pathologies (osteoporosis) may cause susceptibility to injury.
4. **Stroke:** Strokes from chiropractic adjustments are rare.
5. **Burns:** Some therapies used generate heat and may, in rare cases, cause burns.

Treatment results: I understand there are benefits associated with treatment including decreased pain, improved mobility and function, and reduced muscle spasms. However, I also understand there is no guarantee that I will achieve these benefits during my care, as the practice of medicine, including chiropractic, is not an exact science.

Alternative Treatments Available: Reasonable alternatives to treatment have been explained to me including rest, home therapy, exercises, medication and possible surgery.

I agree to treatment by my doctor and such persons of the doctor's choosing and provide my informed consent for treatment.

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF CHIROPRACTIC TREATMENT. ANY QUESTIONS REGARDING TREATMENT HAVE BEEN ANSWERED TO MY SATISFACTION.

Patient's Signature

Witness Signature

Date

PATIENT STATUS AT TIME OF CONSENT

- OF LEGAL AGE
 ORIENTED x3
 COHERENT/LUCID
 PROFICIENT ENGLISH
 ASSISTED BY INTERPRETER
- _____

- MEDICATED, BUT UNIMPAIRED
 DENIES USE OF ALCOHOL OR RECREATIONAL DRUGS PRIOR TO CONSENT
 UNABLE TO GIVE LEGAL CONSENT
 CONSENT VIA LEGAL GUARDIAN
- _____

Patient's questions (if any) and responses are as follows:

Comments:

I certify that this form accurately reflects the patient's status during the informed consent process.

Doctor Signature

Date