

**INFORMED CONSENT FOR CHIROPRACTIC ADJUSTMENTS AND
ADJUNCTIVE CARE**

As a patient in my office, you have the legal right to know of the type of treatment we will use, any complications/side-effect, as well as their complications. This form is intended to inform you of these, and treatment will not be given until you understand these issues and signify your consent by signing this form.

The Material Risks Inherent in a Chiropractic Adjustment: Serious **complications to chiropractic treatment are rare**; however, these may include fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some patients will feel some stiffness or soreness following the first few days of treatment, which is considered normal.

Probability of Risks Occurring:

- Fractures, especially of the ribs, are rare occurrences and generally result from some underlying weakness of the bone such as osteoporosis. If you suffer from osteoporosis, we will take special efforts to adjust your spine carefully.
- Stroke has been the subject of tremendous study and debate within the health professions. Manipulation of the neck has been associated with other injuries to the arteries in the neck leading to a stroke in rare instances. Studies have estimated this occurrence rate to be between 1 in 20,000 and 1 in 1.3 million adjustments. While the actual rate of occurrence is unknown, it is probably somewhere in this range. Mortality from spinal adjustments is **extremely rare**, but has been known to occur.
- Disc injuries are frequently successfully treated by chiropractic adjustments, yet occasionally chiropractic treatment may aggravate the problem and rarely surgery may become necessary to treat a disc injury following chiropractic treatment. If necessary, we will refer you to a neurosurgeon or for an MRI exam. These **problems are also rare with no reliable statistics to quantify their probability.**

I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at this time, based upon the facts then known, is in my best interest.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. IF YOU HAVE UNDERSTOOD, PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.

I have read () or have had read to me () the above explanation of the chiropractic care and related treatments. I have discussed it with the doctor and/or staff of this office and have had my questions answered to my satisfaction. By signing below, I state that I have considered the risk involved in the proposed treatment. Having been informed of the nature of the risks of chiropractic care, I hereby give my consent to be treated.

Name: _____ Dated: _____

Signature: _____ Witness: _____