



Chiropractic Informed Consent

Chiropractic is based on the science which concerns itself with the relationship between structures (primarily the spine) and the function (primarily the nervous system) and how this relationship can affect the restoration and preservation of health

A **chiropractic examination** will be performed which may include spinal, extraspinal, physical examinations, orthopedic and neurological testing, static and motion palpation, specialized instruments, radiological examination (x-rays) and laboratory testing.

Chiropractic is a separate and distinct healing art from medicine and does not proclaim to cure any named disease or entity.

A **chiropractic adjustment** is the application of a precise movement and/or force into the spine in order to reduce or correct vertebral subluxation(s). There are a number of different methods or techniques by which the chiropractic adjustment is delivered but are typically delivered by hand. Some may require the use of an instrument or other specialized equipment. In addition, physiotherapy or rehabilitative procedures may be included in the management protocol. Among other things, chiropractic care may reduce pain, increase mobility and improve quality of life.

In addition to the benefits of chiropractic care and treatment, one should also be aware of the existence of some risks and limitations of this care. The risks are seldom high enough to contraindicate care and all health care procedures have some risk associated with them

associated with chiropractic treatment may include soreness, musculoskeletal sprain/strain, and fracture. Risks associated with physiotherapy may include the preceding as well as allergic reaction and muscle and/or joint pain. In addition there are reported cases of stroke associated with visits to medical doctors or chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the stages of strokes. In essence, there is a stroke already in process. However, you are being informed of the reported association because a stroke may cause serious neurological impairment



I have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the risks of care, including the risk that the care may not accomplish the desired objectives. Reasonable alternative treatments have been explained, including the risks, consequences and probable effectiveness of each. I have been advised of the possible consequences if no care is received. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I have read the above paragraph. I understand the information provided. All questions I have about this information have been answered to my satisfaction. Having this knowledge, I knowingly authorize to proceed with chiropractic care and treatment

Print Name

If the patient is minor, print guardian's name

Signature

Date (MM/DD/YY)