

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT

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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 signing it, if there is anything that is unclear.

The nature of the chiropractic adjustment: The primary treatment I use as a doctor of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible pop or click, much as you may have experienced when you pop your knuckles. You may feel a sense of movement.

The material risks inherent in chiropractic adjustment: As with any healthcare procedure, while rare, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck, the vertebral artery, leading to or contributing to serious complications including stroke and/or neurological impairment. Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, **it is your responsibility to inform me.**

The probability of those risks occurring: Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for during the taking of your history and during 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 and one million and one in five million cervical adjustments. Other complications are also rare. The availability and nature of other treatment options for your condition may include self administered over the counter analgesics and rest, medical care and prescription drugs such as anti-inflammatory, muscle relaxants and painkillers, physical therapy, hospitalization and 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: Remaining 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 prolonged and postponed.

I have read the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Harrington/Dr. Landers 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. I consent to the chiropractic treatment offered or recommended to me by my chiropractor, including spinal, extra spinal adjustment, massage therapy, and modalities. I intend this consent to apply to all my present and future chiropractic care.

By my signature be it known that I have read and fully understand the above contract.

Patient Name (Printed) _____ Date _____

Patient Signature _____

Parent/Guardian Signature _____