

## Informed Consent to Chiropractic Care

### WHAT INFORMED CONSENT IS

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

### POSSIBLE TREATMENT MODALITIES

Chiropractic care centrally involves what is known as a chiropractic adjustment. There will most likely be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being. The adjunctive procedures depend upon your specific circumstance and may include but are not limited to: ultrasound, hot/cold packs, electrical stimulation, laser, traction, exercises and other physical modalities.

### RISKS & BENEFITS

It is important that you understand, as with all health care approaches, **results are not guaranteed, and there is no promise to cure.** As with all types of health care interventions, there are some risks to care, including, but not limited to: **muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains.**

### ALTERNATIVES

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, surgery, **or no care at all.** Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

### PATIENT ACKNOWLEDGMENT & WITNESS

*I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.*

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_