

Informed Consent for Chiropractic Treatment of your Pain*

*This consent form complies with California Chiropractic Code of Regulations, Title 16, Division 4, Article 2, Section 319.1.

The nature of Chiropractic treatment: The doctor will use her/his hands or a mechanical device to manipulate the area treated. You may occasionally feel a slight click of the joints during the adjustment procedure. Chiropractic treatment also includes activity advice, exercise, hot or cold packs or electric stimulation. Your Chiropractor will recommend treatment she/he determines is most appropriate for your condition.

Possible risks: Chiropractic treatment for pain is safe and the majority of patients experience decreased pain and improved mobility. Approximately 30% of patients experience slight increased pain in the treated area, possibly due to minor strain of muscle, tendon or ligament. When this occurs within the first few days of treatment, the increased pain is brief and returns to baseline or improves over the next few days. Increased pain may also occur with exercise, heat, cold and electrical stimulation.

Serious bodily harm is extremely rare and not an inherent risk of Chiropractic treatment. Many variables can adversely affect one's health, including previous injury, medications, osteoporosis, cancer and other illness or disease or condition. When these conditions are present, Chiropractic treatment may be associated with serious adverse events, such as fracture, dislocation, or aggravation of previous injury to ligaments, intervertebral discs, nerves or spinal cord although these would be extremely unlikely with the non-force procedures used at this office. Symptoms of stroke or cerebrovascular injury alert patients to seek medical and/or Chiropractic care. Your Chiropractor is aware of this association and when appropriate may assess for symptoms and signs of stroke. *Please inform your Chiropractor of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical condition you have, including osteoporosis, heart disease, cancer, stroke, fracture or previous severe injury.*

Other options for the treatment of pain include: *do nothing - live with it, over-the-counter medications, physical therapy, medical care, injections or surgery.* There are hundreds of other treatments for pain. Most treatments that have potential benefit also have potential risk. You are encouraged to ask questions regarding possible risks of Chiropractic treatment, and may use the space below for this purpose.

My signature below confirms that I have read the paragraphs above and that I understand what my Chiropractor has told me about possible risks of Chiropractic treatment and that I have had an opportunity to ask questions and have my questions answered. Also, I have fully disclosed to my Chiropractor my medical history regarding the above specified complicating factors and all other conditions that have caused me pain in the past.

Patient Name and Signature

Today's Date

Patient is under 18 years of age, Name and Signature of Parent or Guardian

Today's Date

If

Form updated April 2013