PATIENT NAME:			
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 you sign if there is anything that is unclear.			
The Nature of the Chiropractic Adjust			
The primary treatment I use as a Doctor of Cl I may use my hands or a mechanical instrume audible "pop" or "click," much as you have e Analysis / Examination / Treatment	ent upon your body in such a w	ay as to move your join	ints. That may cause an
As a part of the analysis, examination, and tre	eatment, you are consenting to	the following procedu	res if necessary:
 spinal manipulative therapy 	palpation	vital signs	traction
• range of motion/strength testing	orthopedic testing	basic neurological	massage therapy
• postural analysis	ultrasound	hot/cold therapy	soft tissue therapy
Electrical stimulation	radiographic studies	Other (explain)	laser therapy
 Referral to another doctor 	referral for testing	1	
The material risks inherent in chiropra	ctic adjustment.		
As with any healthcare procedure, 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 manipulation of the neck have been associated			
with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. 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 m			
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 in one million and one in five million			
cervical adjustments. The other complications are also generally described as rare.			
The availability and nature of other treatment options.			
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 pain-killers			
• Hospitalization or Surgery			
If you chose 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/less effective if postponed.			
DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.			
PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW			
I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related			
treatment. I have discussed it with Dr. Robert Smith or Dr. Kevin Bailey 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.			
my consent to that treatment.			
		Oated:	
Patient's Name Doc	tor's Name		
Signature Sign	ature		
5			
Signature of Parent or Guardian (if a minor)			