

CONSENT TO CHIROPRACTIC EXAMINATION AND TREATMENT PROCEDURES

TO OUR PATIENTS: It is very important that you fully understand all information presented to you about your care in this clinic. Read this entire document and ask any questions you may have before signing.

GENERAL INFORMATION ABOUT CHIROPRACTIC TREATMENT

Many different types of treatment are available from Chiropractors, but the primary treatment used is spinal and extremity manipulation. It is likely that this form of care will be used as part of your treatment. Manipulation of the spine or extremities is performed using the doctor's hands or a mechanical instrument. In both cases, the purpose of this treatment is to restore normal motion to joints within your body. At times, this treatment may produce a "crack" or "pop" sound similar to that heard when "cracking your knuckles". You may also sense movement in the joint(s) being treated.

MATERIAL RISKS IN CHIROPRACTIC TREATMENT AND PROBABILITY OF THESE RISKS OCCURRING

All patient care carries some amount of risk and any potential complications of care should be considered. Some patients may feel localized stiffness and/or soreness following the first few days of treatment. Additional risks associated with Chiropractic manipulation and other available therapies include, but are not limited to muscle strains, joint sprains, costovertebral strains and separations, burns, dislocations, spinal disc injury, fracture, and cervical myelopathy. Some types of manipulation of the neck have been associated with injuries to arteries in the neck leading to or contributing to serious complications, including stroke. Your doctor will make every reasonable effort during your examination to screen for contraindication to treatment. If you have a condition that would otherwise not be brought to our attention, (i.e., high blood pressure), it is your responsibility to inform the doctor prior to treatment.

Fractures are rare occurrences and generally result from some underlying weakness of the bone, the likelihood of which will be evaluated while obtaining your patient history and/or during examination and/or x-ray. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on this topic is inconclusive as to the specific incidence of this complication occurring. If there is a causal relationship at all it is extremely rare and remote. Unfortunately, there is no recognized screening procedure to accurately identify patients with neck pain who are at risk of arterial dissection or stroke.

GENERAL INFORMATION ABOUT ALTERNATIVES TO CHIROPRACTIC TREATMENT

Depending on your condition(s), treatment options may include:

- 1.) Self-administered, over-the-counter analgesics and rest;
- 2.) Medical care, including prescription medication;
- 3.) Physical therapy, massage therapy, or other applicable therapies;
- 4.) Hospitalization; or
- 5.) Surgery

If you choose to explore one or more of the above options, please keep in mind that each has specific risks and benefits that should be discussed fully with the providers of these services.

RISKS OF REMAINING UNTREATED

There are many potential risks associated with remaining untreated. Depending on your specific conditions(s), these risks range from no residual effects to permanent disability. In addition, avoiding treatment for your problem may prolong the time and expense necessary to successfully treat you.

PATIENT / GUARDIAN INITIALS _____

STAFF INITIALS _____

PLEASE DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY AND HAD ANY QUESTIONS ANSWERED SATISFACTORILY.

I have read, or have had read to me, the above explanations pertaining to examination and treatment procedures applicable to my care within Calhoun Chiropractic Center. In addition, I have had all questions pertaining to this document or related discussions fully and satisfactorily answered by the doctor or their representative.

By signing below, I state that I have weighed the risks and benefits involved in undergoing examination and treatment at Calhoun Chiropractic Center. Subsequently, I have decided that it is in my best interest to proceed with the examination and treatment procedures initiated by me and I hereby consent to these procedures.

If I am signing on behalf of a minor or other individual, I have the legal right to select and authorize health care services for this person. This authorization also extends to all other Calhoun Chiropractic practitioners and assistants associated with these services.

Patient Name (please print clearly)

_____ Lisa R. Calhoun, D.C.

_____ Michael Cutchins, D.C.

Patient / Legal Guardian Signature

Doctor signature

Date

Date