

Warren Chiropractic Informed Consent

Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a logical and effective approach to healthcare and has been serving people everyday for over 100 years. It is licensed in every state and in most countries. Chiropractic has the lowest incidence of any reported side effects than any other healthcare profession, evidenced by our extremely low malpractice rates. **Chiropractic** is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. **Health** is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity. One disturbance to the nervous system is called a **vertebral subluxation**. This occurs when one or more of the 24 vertebra in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic. Subluxations are corrected and/or reduced by an **adjustment**. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific gentle adjustments of the spine.

Adjustments are usually done by hand but may be performed by handheld instruments, such as Arthostim™, Vibracussor™, Rapid Release™ Device, or Terminator™ (L). In addition, ancillary procedures such as physiotherapy: photobiomodulation, cold laser therapy; and/or rehabilitative procedures- such As Quantum Neurology® Rehabilitation may be included. All health care procedures carry some risk. Risks associated with chiropractic care may include, but are not limited to, muscle or ligament injuries, nerve injuries, vascular injuries and fractures, swelling, redness, mild bruising. Alternatives to chiropractic care may include medications, surgery and other alternative treatments. If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

You may experience some mild symptoms during the healing phase of your care. Please understand that these mild symptoms are normal and indicate healing as your health returns to its optimal state.

Finally, there are risks of not getting prescribed Chiropractic care. These were one of the components of risks from the Association of Chiropractic Colleges guidelines on informed consent from 2008. They include disc degeneration, loss of mobility, loss of tone, and decreased quality of life in the untreated spine.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me both verbally, and in the contents of this form to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care, including Quantum Neurology® Rehabilitation, on this basis.

I understand that I am not promised a cure or treatment for any specific disease, dysfunction, malady, or physical affliction. The doctor has explained to me that specific weaknesses found will have rehabilitative therapy sessions, to try and correct those weaknesses. My signature applies to any and all future and past treatments in this office.

Print Name

Signature

Date

Consent to evaluate and adjust a minor child: I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.