

## Chiropractic Informed Consent for Diagnosis and Treatment

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic treatment or management of my condition(s).

Chiropractic treatment or management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare. Following are the known risks:

**Temporary soreness or increased symptoms or pain.** It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments.

**Dizziness, nausea, flushing.** These symptoms are relatively rare. It is important to notify the doctor if you experience these symptoms during or after your care.

**Fractures.** When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your doctor if you have been diagnosed with a bone weakening disease or condition. If your doctor detects any such condition while you are under care, you will be informed and your treatment plan will be modified to minimize risk of fracture.

**Disc herniation or prolapse.** Spinal disc conditions like bulges or herniations may worsen even with chiropractic care. It is important to notify your doctor if symptoms change or worsen.

**Stroke.** A certain rare type of stroke has been associated with chiropractic adjustment of the neck. These strokes, which may result in serious neurological complications including paralysis and death, are extremely rare. Estimates of the risk of these strokes occurring range from one in 400,000 to one in 5.85 million neck adjustments.

Other risks associated with chiropractic treatment include rare burns from physiotherapy devices that produce heat.

I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of my care.

I have read or had read to me this informed consent document. *I have discussed or been given the opportunity to discuss any questions or concerns with my doctor and have had these answered to my satisfaction **prior to my signing this informed consent document.*** I have made my decision voluntarily and freely.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Based on my personal observation and the patient's history and physical exam, I conclude that throughout the informed consent process the patient was:

- Of legal age
- Consent given through Guardian
- Oriented x3
- On prescription or OTC medication but unimpaired
- Fluent in English
- Assisted by a translator or interpreter
- Resolute in denying alcohol or recreational drug use prior to consent

\_\_\_\_\_, D.C.  
Signature of Doctor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Translator or Interpreter,  
If applicable