

GREEN BAY CHIROPRACTIC CLINIC

INFORMED CONSENT TO TREATMENT

Medical Doctors, chiropractic doctors, and osteopathic doctors who perform manipulation are required by law to obtain your informed consent before starting treatment.

I _____ do hereby give my consent to the performance of conservative, noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulation/adjustments involving movement of the joints and soft tissues. Physical therapy and exercises may also be used.

Although spinal adjustments are considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

Soreness: I am aware that like exercise it is common to experience muscle soreness in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

Fracture/Joint Injury: I further understand that in isolated cases underlying physical defects or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disc or other abnormality is detected, this office will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments is about the same chance as a normal dose of aspirin or Tylenol causing death.

Ancillary Treatments: In addition to chiropractic adjustments the doctor may choose to use physiotherapy to aid your body in healing. Physiotherapy may include hot/cold packs, interferential (electric) current, ultrasound, massage and cold laser, and traction. These treatments could cause the following risks: burning of the skin with the hot packs or the ultrasound, and electric surges and muscle spasms with the electric current therapy, and muscle spasms with the traction units. Muscle soreness or inflammation could occur with the use of any of the above therapies. Muscle spasms could be as severe as to not allow the patient to get off the therapy table on her/his own.

I understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate that there is no certainty that I will achieve these benefits.

I realize that just as in the practice of medicine, the practice of chiropractic is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing.

ALTERNATIVE TREATMENTS AVAILABLE

The availability of other treatment options for your condition includes: Self-administered, over the counter analgesics and rest. Medical care with prescription drugs such as anti-inflammatory, muscle relaxants and painkillers. Hospitalization. Surgery

I have read or have had read to me the above explanation of chiropractic treatment. Any questions I have had regarding these procedures have been answered to my satisfaction prior to signing this consent form. I have made my decision voluntarily and freely. To consent to these procedures I hereby sign this Authorization for Treatment Form.

Signature of Patient

Date