



Informed Consent

When a patient seeks chiropractic care, and when a chiropractor accepts a patient for such care, it is essential that they both are seeking and working toward the same goal. Chiropractic is based on the premise that living things have an inborn wisdom striving to maintain their own health.

When the body is unable to maintain its own health, it is frequently due to some form of interference. A major form of interference occurs when a vertebra of the spine becomes slightly misaligned to adjacent segments in such a way as to disturb the functioning of the vertebral range of motion, the nerves that pass down through or between them, and/or cause inflammatory responses to occur. This form of interference is referred to as “Vertebral Subluxation Complex”.

Another form of interference occurs when musculature becomes overworked or strained. As a result, the muscles go into spasm causing an uncontrolled contraction and therefore fatigue, which in return causes more spasm. The muscles seem to get caught in a vicious cycle that needs to be broken. This vicious cycle, called “Myofascial Pain Syndrome”, as can be imagined, most often has an effect on the vertebral function, causing the need for many multiple chiropractic adjustments to be performed.

As a chiropractor, it is the goal to correct and improve these two main forms of interference in the body’s attempt to maintain an optimum state of health through the performance of chiropractic adjustments and other modalities which help to improve the status of health in the musculoskeletal system. In an attempt to correct both the joint side and the muscular side of the condition, this helps to minimize the number of needed treatments, to accomplish a better outcome.

Another form of interference may come through a herniated disk. Although much more difficult to deal with, these injuries have shown to symptomatically improve through chiropractic care. If such a diagnosis is suspected, we will discuss the possible treatment protocols that may help the body to heal and improve the functionality of the spine.

The chiropractic examination and adjustment are not substitutes for other types of health care, just as no other type of health care can substitute for chiropractic care. Each patient is encouraged to seek the services of other health care professionals for health concerns other than for the correction of the “Vertebral Subluxation Complex”, and “Myofascial Pain Syndrome”.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fractures, disk injuries, dislocations, sprains and strains. I also understand that the occurrences of these injuries are uncommon. I understand that there is a higher risk of some bruising at the treatment sites, especially in the areas where the muscles will be treated, but that it is usually easily tolerated and is of no major consequence in the whole healing process. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, and is in my best interests.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or the patient named below for whom I am legally responsible) by the doctor of chiropractic in this office.

I have read, or have read to me, the above consent. I also understand that I will have the opportunity to ask questions about its content and about my condition and by signing below I agree to the above –named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

Patient Signature

Date

Relationship if signing for the patient