

**Performance Chiropractic P. C.**  
**Informed Consent**

PATIENT NAME \_\_\_\_\_

Doctor's Name \_\_\_\_\_

The primary treatment used by doctors of chiropractic is the spinal manipulation, sometimes called spinal adjustment.

♦ **The nature of the chiropractic adjustment.**

I will use my hands or a mechanical instrument upon your body in such a way as to move or adjust your joints. This may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

♦ **Risks inherent with chiropractic adjustment.**

As with any healthcare procedure, there are certain complications, which may arise during chiropractic manipulation. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

♦ **The probability of those risks occurring.**

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one in five million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination that are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

♦ **Analysis/ Examination/ Treatment**

As a part of the analysis, examination, and treatment, you are consenting to the following procedures if need:

- |                                                      |                                             |                                                     |
|------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> spinal manipulative therapy | <input type="checkbox"/> palpation          | <input type="checkbox"/> vital signs                |
| <input type="checkbox"/> range of motion testing     | <input type="checkbox"/> orthopedic testing | <input type="checkbox"/> basic neurological testing |
| <input type="checkbox"/> muscle strength testing     | <input type="checkbox"/> postural analysis  | <input type="checkbox"/> EMS                        |
| <input type="checkbox"/> therapeutic ultrasound      | <input type="checkbox"/> hot/ cold therapy  |                                                     |
| <input type="checkbox"/> radiographic studies        |                                             |                                                     |
| <input type="checkbox"/> Other (please explain)      |                                             |                                                     |

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♦ **The availability and nature of other treatment options.**

Other treatment options for your condition may include:

- ♦ Self-administered, over-the-counter analgesics and rest
- ♦ Medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers.
- ♦ Referral to other medical specialty
- ♦ Hospitalization
- ♦ Surgery

If you chose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

♦ **The risks and dangers attendant to remaining untreated.**

Remaining untreated can allow the formation of adhesions and reduced mobility. This can cause further pain and disability. Over time, this process may complicate treatment making it more difficult to treat and less effective the longer it is postponed. The probability that non-treatment will require a more lengthy rehabilitation is very high.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with either Bradley Frost, DC or William Stewart, DC and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

DATE \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

WITNESSES

\_\_\_\_\_  
Signature of Parent or Guardian (if a minor)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature