

## **Informed Consent for Chiropractic Treatment and Diagnosis**

Chiropractic treatment has been the subject of many government and multi-disciplinary studies, and has been demonstrated to be effective in the treatment of many neck and back condition, including pain, numbness/tingling, muscle spasms, loss of motion, headaches and more. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many other procedures / or use of medications, the serious risks associated with chiropractic are extremely rare. Below are listed the following known risks.

Temporary soreness, or increased symptoms of pain, usually associated with muscular strain/ and or inflammation. It is not uncommon for patients to experience temporary soreness after the first few treatments. If you experience this, please apply ice/cold therapy or ice/ followed by moist heat to the sore area for 15 minute intervals 2-3 times a day as needed to reduce symptoms.

Dizziness, nausea, flushing. These symptoms are relatively rare. It is important to notify the chiropractor if you experience any of these symptoms after care.

Fractures. When patients have underlying conditions that weaken bones, such as, osteoporosis, they may be susceptible to fracture, rib fracture is the most common complication. Please notify your chiropractor if you have any bone weakening disease so that your treatment plan will be modified to minimize any risk of fracture.

Disc herniation. There have been rare reports of worsening of disc herniation/bulge following chiropractic manipulation, however, no scientific study has ever demonstrated such injuries are caused by the adjustment and/ or chiropractic treatment.

A certain rare type of stroke has been associated with chiropractic manipulation of the neck, however, there has also been an association of this type of stroke and primary care medical visits. The occurrence of this type of stroke being associated with chiropractic and or medical care may be a coincidental finding, that people suffering neck pain or headache caused by this condition seek care for their pain with a doctor at the time the stroke is ensuing or beginning. This type of stroke has been found to occur with common neck motion and no present scientific evidence establishes a definite cause and effect relationship from cervical adjustment. The risk for this complication is extremely rare and has been estimated at 1 in 1 to 2 million occurrences.

Other minor risks, include minor skin irritation from allergy/ sensitivity or burns from physiotherapy devices that produce heat.

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

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

It has been explained to me that there are several forms of chiropractic adjustments which can be used to correct vertebra subluxations/ misalignments; these consist of manual manipulation, instrument adjusting, stretching tables/ techniques, low force drop table techniques, mobilization, myofascial release and massage/ pressure point techniques. The doctor will utilize the adjustment techniques best suited for your condition, and specific anatomy.

I have read or have had read to me the above consent. I have also been given opportunity to discuss or ask questions about any of the content above.

My signature below indicates I am giving consent to partake in evaluation, and treatment with Dr. Ziembra, of Health & Wellness Center. I intend this consent form to cover the entire course of treatment for my present condition, and for any future condition for which I seek treatment at this office.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Guardian Name if minor \_\_\_\_\_

Signature Patient/Guardian \_\_\_\_\_

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

of legal age       consent given by guardian       oriented x3

fluent in English       assisted by a translator       appears unimpaired

Signature of Chiropractor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Translator if applicable \_\_\_\_\_

Name of Translator \_\_\_\_\_