

## **INFORMED CONSENT**

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable. I will be responsible for any costs of collection, attorney's fees or court costs required to collect my bill.

I hereby authorize the chiropractors and staff at Conway Chiropractic Center to treat my condition as deemed appropriate. It is understood and agreed the amount paid for X-rays is for examination only and the X-ray negatives will remain the property of this office, being on file where they may be seen at any time. The chiropractor will not be held responsible for any pre-existing medically diagnosed conditions.

I certify that the intake information I provided is correct to the best of my knowledge. I will not hold my chiropractor or any staff member of Conway Chiropractic Center responsible for any errors or omissions that I may have made in the completion of such form.

Chiropractic, as well as many other types of health care, is associated with potential risks in the delivery of treatment. Therefore, it is necessary to inform the patient of such risks prior to initiating care. While chiropractic treatment is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed before consenting to treatment.

Chiropractic is a system of health care delivery and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition or disease as a result of treatment in this office. An attempt to provide you with the very best care is our goal, and if the results are not acceptable we will refer you to another provider who we feel can further assist you.

### Specific Risk Possibilities Associated with Chiropractic Care:

**Soreness** – Chiropractic adjustments and physical therapy procedures are sometimes accompanied by post treatment soreness. This is a normal and acceptable accompanying response to chiropractic care and physical therapy. While it is not generally dangerous, please advise your doctor if you experience soreness or discomfort.

**Soft Tissue Injury** – Occasionally chiropractic and manual therapy treatment may aggravate a disc injury, or cause other minor joint, ligament, tendon or other soft tissue injury.

**Rib Injury** – Manual adjustments to the thoracic spine, in rare cases, may cause rib injury or fracture. Precautions such as pre-adjustment x-rays, are taken for cases considered at risk. Treatment is performed carefully to minimize such risk.

**Physical Therapy Burns** – Heat generated by physical therapy modalities may cause minor burns to the skin. These are rare, but, if it occurs, you should report it to your doctor or a staff member at Conway Chiropractic Center.

**Stroke** the most serious complication of chiropractic treatment. There are reported cases of stroke associated with many common neck movements including adjustments of the upper cervical spine. Present medical and scientific evidence does not establish definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Medical authorities differ on the incidence of stroke following chiropractic manipulations, from a frequency of 1:20,000 to as rarely as 1:5,000,000. By comparison, non-steroidal anti-inflammatory drugs (NSAIDs) cause 153 stroke deaths per 1 million people, narcotic medication causes 53 stroke deaths per 1 million people, and spinal surgery of the neck causes 500 stroke deaths per 1 million people. If you have concerns, please discuss those with your provider.

**Other Problems** – There are occasionally other types of side effects associated with chiropractic care. While these are rare, they should be reported to your doctor promptly.

If you have any questions concerning this form or the above statements, please ask your doctor.

**Having carefully read the above, I hereby give my informed consent to have chiropractic treatment administered.**

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Patient (or Authorized Representative)

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Date