

**Chiropractic | Osteopathy | Psychology | Massage**

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In the endeavour for Mudgeeraba Chiropractic to remain at the forefront of healthcare services, it is important that we inform clients of the material risks involved with all types of healthcare.

Chiropractic care is recognised as being an effective and safe method of care for many conditions. However, as with all healthcare services, there are some very slight risks with this care modality. Whilst these problems have never occurred in this practice, we feel that it is important that everyone who undergoes chiropractic care be well aware of the following risks:

- your condition may become aggravated
- sprain or strain injuries to ligaments, tendons or intervertebral discs (Neck: 1 in 39,000 and Lower back 1 in 62,000)
- rib fractures are more likely in the presence of bones softening disease (between 1 in 39,000 and 1 in 62,000)
- Stroke or stroke-like symptoms with neck manipulations (1 in 5.85 million)

Chiropractic Adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives.

Put in context, chiropractic has been shown to be 250 times safer than anti-inflammatory drugs and safer than even driving a car.

Some people may experience some mild soreness for 24-48 hours after their first one or two adjustments. This is a normal sign of change and may similarly occur after exercising or stretching.

### **Consent to Chiropractic Care**

I do not expect the chiropractor to be able to anticipate or explain all the risks and complications, and I wish to rely on the practitioner to exercise judgment during the course of procedures. This will be performed in my best interests by the chiropractor, based upon the facts and information I have presented for review.

I have read the above consent. I have had the opportunity to discuss with the chiropractor the nature and purpose of the chiropractic adjustments and other procedures as well as any other concerns. I understand that results are not guaranteed. I intend this consent form to cover the entire course of my chiropractic care for this and any future presentation.

I hereby request and consent to chiropractic adjustments and other chiropractic procedures wherever the chiropractor deems necessary. By signing below I agree to chiropractic care.

### **Consent to Cancellation Policy**

I agree that 24 hours notice must be given to cancel my appointment, or I may incur a cancellation fee.

Signature: \_\_\_\_\_  
Client / Parent or Guardian

Name: \_\_\_\_\_  
Client / Parent or Guardian

Signature: \_\_\_\_\_  
Chiropractor

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