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## **Informed Consent for Chiropractic Care**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. Health is a state of optimal physical, mental, and social well-being, not merely the absence of disease. One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an adjustment. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually by hand but may be performed by handheld instruments such as the Activator. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be recommended.

As with any health care profession there are certain degrees of risk associated with chiropractic care that you should be made aware of. They include, but are not limited to; fractures, disc injury, stroke, sprain and strains and muscle soreness.

If, during the course of care, we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek services of another health care provider.

I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

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Printed Name

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Signature

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Date

### **Pregnancy Release:**

This is to certify that to the best of my knowledge I am not pregnant and the above doctors have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

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Signature

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Date