

**DR. NANCY J. PEARCE, DC**  
**1837 Austin Bluffs Parkway, Suite 100**  
**Colorado Springs, CO 80918-7800**  
**719.331.5776**

**Patient name:** \_\_\_\_\_

Your examination will primarily be by Applied Kinesiology which uses manual muscle testing with other standard methods of diagnosis to evaluate the structural, chemical and mental aspects of health. Based on these findings specific joint manipulation, nutrition, diet, acupuncture, exercise, and education are used therapeutically to help restore optimal function and maintain well-being throughout life.

- **Nature of manipulation.** Joint manipulation is done by my hands or by a mechanical device to move joints. There may or may not be a “popping” sound much like popping your knuckles.
  - **Risks inherent in chiropractic adjustment.** As with all health care procedures, there are certain complications that may arise from a chiropractic adjustment. These include but are not limited to fractures, joint or muscle strain, disc injuries and nerve injuries. Some types of neck manipulations have been associated with artery injury contributing to serious complications leading to stroke. Occasionally, there will be stiffness and soreness for a few days after treatment.
  - **Probability of risks occurring.** Fractures and joint injury are rare and occur from bone or joint weakness. The possibility of such is considered during history taking, examination, and X-ray, if necessary. If there is any evidence of bone or joint weakness alternative techniques are used to minimize complication. The possibility of stroke is controversial within and without the profession. One prominent authority indicates there is a “one- in-a-million” chance of such an outcome. Even that small risk should be avoided if possible. I examine to identify if you may be susceptible to that kind of injury; also I do not use the type of manipulation that has been associated with stroke. Other complications are also generally described as “rare”.
- \_\_\_\_\_
- \_\_\_\_\_

- **Availability and nature of other examination and/or treatment options.**

- ◆ Self-administered, over the counter medications and rest
  - ◆ Medical care with prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers.
  - ◆ Hospitalization
  - ◆ Surgery
- \_\_\_\_\_
- \_\_\_\_\_

- **Risks and probability of other treatment methods.** Medications have side effects and possibly patient dependence. These risks depend on patient biochemical individuality, proper regulation of the medication, proper professional supervision. Surgery has various risks, including reaction to anesthesia, infection, iatrogenic (doctor induced) mishap, and expense. The probability of unfavorable outcome varies greatly, according to many factors.
- \_\_\_\_\_
- \_\_\_\_\_

- Risk of remaining untreated. Most conditions that are not self-limiting continue to progress if untreated. If structural strain is the primary problem tissue changes develop with the formation of adhesions that reduce mobility and increase pain, further reducing mobility. Eventually osteoarthritis may develop. If a condition is primarily involved with disturbed neurologic control or imbalance of the endocrine system, compensation will probably take place that complicates the condition.

\_\_\_\_\_

\_\_\_\_\_

**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 proposed examination and treatment. I have discussed it with Dr. Nancy J. Pearce and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing the examination and 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.

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

\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

WITNESS:

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

\_\_\_\_\_ Signature \_\_\_\_\_

**CONDITION OF PATIENT AT THE TIME OF CONSENT PROCESS**

- Oriented as to time and place with coherent and lucid communication
- Receiving medication but unimpaired
- Able to understand the language used
- Assisted in understanding by use of an interpreter (Interpreter's Name: \_\_\_\_\_)
- Assisted in consent process by others:

\_\_\_\_\_

Patient had the following questions and was supplied with the following answers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above accurately describes the consent process in this case.

Date: \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Witness: \_\_\_\_\_