



Informed Consent from the Patient

You have the right, as a patient, to be informed about the condition of your health and the recommended care to be provided so that you may make the decision whether or not to undergo such care after being advised of the known risks. This disclosure is not meant to alarm you, but to help you make an informed decision in order that you may withhold or give your consent.

Introduction

Healthcare professions such as chiropractic, dentistry, medicine, surgery, nursing, osteopathy, optometry, pharmacy, physical therapy, podiatry, psychology, and others all have known risks. Chiropractic is a science which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as it relates to the preservation of health.

Nature and Purpose of Chiropractic

Adjustments are made by chiropractors to correct spinal and extremity misalignments, as known as “subluxations”. When a spinal joint becomes misaligned, the result is the cause of interference and/or irritation of the nervous system. The goal of chiropractic health care is to remove nerve interference caused by subluxation (s). This is done by the chiropractic adjustment following a chiropractic examination which may include, but is not limited to a physical examination, orthopedic and neurologic testing, palpation, radiology examinations, and laboratory tests.

An Adjustment is the application of a very quick precise movement over a short distance to the spine or extremity. Within chiropractic, there are many adjusting techniques, some utilizing specially designed equipment. Most often, adjustments are performed by hand, but may be performed with the use of instruments. At times, physiotherapy and/or rehabilitative procedures may be included in the management protocol.

Not only should you understand the benefits of chiropractic care and treatment in restoring and maintaining good health, but also you should be aware of some inherent risks and limitations. It is rare that chiropractic care is contraindicated, but some inherent risks should be considered in making the decision to receive chiropractic care. All health care procedures have some risks associated with them. Risks associated with chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurologic injury, fracture, vertebral artery syndrome (VAS) including stroke. Risks associated with physiotherapy may include but are not limited to muscle and joint pain.

AUTHORIZATION FOR CHIROPRACTIC CARE AND TREATMENT

I have been informed of the nature and purpose of chiropractic care, the possible consequences of the care, and the risks of the care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained. Including the risks, consequences, and likely effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made concerning the outcome of my care and treatment.

I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME AND ALL QUESTIONS WHICH I HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.

HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE **SIMPSON CHIROPRACTIC AND WELLNESS** TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

DATE THIS _____ DAY OF _____, 20 _____.

PATIENT NAME (Print) _____

PATIENT SIGNATURE _____

DOCTOR NAME (Print) _____

DOCTOR SIGNATURE _____

Consent for Minor or Unable to Consent

A. Patient is a minor _____ years of age

B. Other _____

Patient's Name: _____

Person authorized to sign for patient,

Please print name: _____

Signature of authorized person: _____

Relationship: _____

Signature of Doctor of Chiropractic: _____

(Form adopted by Palmer College of Chiropractic Clinics, Davenport IA, 2015)