

# HATFIELD CHIROPRACTIC & REHAB CENTER

## INFORMED CONSENT FOR CHIROPRACTIC DIAGNOSIS AND TREATMENT

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The nature of chiropractic treatment: Prior to treatment, you will be given a physical examination that may include taking vital signs, range-of-motion testing, muscle strength testing, palpation, orthopedic testing, neurological testing, and x-rays. Once your condition has been diagnosed, the primary method of treatment will be spinal manipulation (adjustment). An adjustment is a quick, precise movement of the spine over a short distance. The doctor will use his hands or a mechanical device in order to move your joints. You may feel a "click" or "pop," such as the noise when a knuckle is "cracked," and you may feel movement of the joint. In addition to the spinal manipulation, treatment can include therapeutic ultrasound, electric muscle stimulation, traction, hot or cold packs, exercise and nutritional supplements.

Possible Risks: The most common side effect of spinal manipulation is short-term muscle soreness or stiffness. More serious side effects (although rare) can include bone fractures, muscle strain, ligament sprain, joint dislocation, and injury to the discs, nerves, or spinal cord. Some manipulations of the upper spine have been associated with injury to the arteries in the neck, which could cause cerebrovascular injury or stroke. However, documented cases are rare, and it has been estimated by researchers that the probability of a spinal adjustment causing a stroke is one in several million. As for other Chiropractic therapies, the risks are also very slight but can include skin irritation, burns or minor complications. Compared to other forms of health care, Chiropractic is extremely safe, and complications are rare.

Treatment Options Other Than Chiropractic:

If you decide to pursue other treatment options, you should discuss the risks and benefits with your medical physician.

- Self-administered over-the-counter analgesics-- irritation to stomach, liver, and kidneys, and other side effects in many cases.
- Medical care--includes anti-inflammatory drugs, tranquilizers (muscle relaxers), and analgesics. Risks include many undesirable side effects and patient dependence in many cases.
- Hospitalization--in conjunction with medical care adds risk of exposure to virulent communicable disease.
- Surgery--may be necessary for joint instability or serious disc rupture. Surgical risks may include unsuccessful outcome, complications, adverse reaction to anesthesia, and prolonged recovery.
- Non-Treatment--risks of neglecting care include increased pain, scar/adhesion formation, possible nerve damage, increased inflammation, and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. Delay of treatment can complicate the condition and may make future rehabilitation more difficult.

Unusual risks: If your examination reveals any health issues that would make some forms of Chiropractic treatment inadvisable ('contra-indicated'), we will explain the risks to you and answer any questions you may have.

I have read and understand the above Informed Consent for Chiropractic Diagnosis and Treatment. My questions have been answered to my satisfaction. I consent to receive Chiropractic care performed by the doctor and whomever he designates as provider.

**Children Only - CONSENT TO TREAT A MINOR CHILD**

I, \_\_\_\_\_, the  parent /  legal guardian of \_\_\_\_\_, have read and understand the Informed Consent for Chiropractic Diagnosis and Treatment. My questions have been answered to my satisfaction. I authorize Hatfield Chiropractic, and whomever they designate as provider, to provide chiropractic care as deemed necessary.

I  do /  do not authorize Hatfield Chiropractic & Rehab Center to treat the above-listed child **in my absence** under normal office visit circumstances.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Representative (print)

\_\_\_\_\_  
Relationship to Patient

Office Representative:

Date: