

**This is a sample for use in developing an informed consent form and is for reference purposes only. This document does not establish a standard of care. It is intended for use to improve communication with patients so they may better understand the treatment recommended and reduce malpractice risk. It should be edited to fit your practice and to meet the legal requirements of your individual state(s).**

## Informed Consent Document

**Patient's Name:** \_\_\_\_\_

It is our goal to help you to the best of our ability. It is important that you understand the information contained in this document. Please read the entire document and ask questions prior to signing it.

### What to Expect

With your permission, your doctor will talk with you about your health history, examine you, consider and order necessary tests based on standards of practice and his clinical experience. He will develop a diagnosis and make recommendations for care. With your consent, he will provide care to the best of his ability.

### Chiropractic Care

The primary treatment offered by your doctor is chiropractic adjustments. He may use his hands or mechanical equipment to move your joints. That may cause a "pop" or "crack" sensation. You may feel a sense of movement and slight discomfort. If you feel discomfort with any adjustment, please inform the doctor.

### Risks Inherent to Chiropractic Care

The most common side effect of chiropractic care is soreness and stiffness following treatment. Sometimes patients experience headaches. This is usually short-term discomfort that is followed by relief. Disc herniations, pinched nerves, arthritic change, and spinal biomechanical issues are very common in patients without symptoms. Complications from chiropractic care rarely include but are not limited to fractures, disc injuries, dislocations, muscle strain, spinal cord injury, rib injury, and joint pain.

Patients with arterial dissections may experience neck pain, headache, and symptoms. These symptoms may cause them to seek chiropractic care. Such arterial dissections and strokes are very rare. We will do our best to determine if you have a developing dissection or stroke. Biomechanical research reveals that chiropractic care does not cause arterial dissections or stroke.

Please inform us of any risk factors or health issues prior to and during your care:

- Connective tissue disorder, loose joints, Ehlers-Danlos, Marfan, or Loeys-Dietz syndrome?
- Any head or neck trauma?
- Worst headache of your life?
- Numbness or loss of sensation?
- Trouble seeing or blurred vision?
- Dizziness?
- Difficulty talking, difficulty swallowing?
- Nausea?
- Recent infection?
- Fluoroquinolone medication in the past (Cipro, Levaquin, Levofloxacin, Noroxin, Avelox, etc.)?
- Coagulation disorders or medicine? Easy bruising? Poor wound healing?
- Change in bladder or bowel function?
- Weakness of face, arm, or leg?
- Difficulty walking?
- Atrial fibrillation or atrial septal defect?
- Past history of rib or chest injury or pain?
- Osteopenia or osteoporosis?
- Have you been diagnosed with cancer?

**This is a sample for use in developing an informed consent form and is for reference purposes only. This document does not establish a standard of care. It is intended for use to improve communication with patients so they may better understand the treatment recommended and reduce malpractice risk. It should be edited to fit your practice and to meet the legal requirements of your individual state(s).**

### **Medical Referral and Alternative Care**

The doctor strongly suggests that you advise your primary medical practitioners that you are seeking chiropractic care for your complaint. Please advise him of any hospitalizations, changes in treatment, new tests, medication, or surgeries.

Underlying medical issues may not be initially apparent or may seem to be a musculoskeletal problem. Heart problems, kidneys, infections, fractures, cancer, etc., can cause spinal pain. Sometimes, these problems are very difficult to diagnose early on. Symptoms may be very slight and may not be severe enough to warrant initial testing or referral. It is vital for you to inform the doctor of new and worsening symptoms.

### **Discontinuing Care**

If you decide to discontinue care in our office, please advise the doctor. You may have a more severe condition that is not responding that may require further medical care and he will make medical referrals specific to help you.

### **Reporting New Problems**

If you experience any new injury, illness, medical care, medication, surgeries, or any other changes in your medical history, please inform the doctor.

### **Home Care**

The doctor may make recommendations for activities of daily living, and home exercises. If the recommendation produces discomfort during or after activities, please stop immediately and discuss your concerns with the doctor.

### **Consent to Treat Minor**

\_\_\_ I hereby request and authorize the doctor to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter.

### **Consent**

I have read the above explanation of chiropractic care and related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks and benefits and consent to examination and treatment.

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

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

\_\_\_\_\_  
Patient's / Parent or Guardian's Signature

\_\_\_\_\_  
Doctor's Signature