

James Demetrious, DC, DABCO

Diplomate, American Board of Chiropractic
Orthopedists

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Informed Consent Document

Patient's Name: _____

It is our goal to help you to the best of our ability. Please read this entire document before signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything unclear.

What to Expect

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

Chiropractic Care

The primary treatment offered by Dr. Demetrious is chiropractic adjustments. He may use his hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause a "pop" or "crack" sensation. You may feel a sense of movement. If you feel discomfort with any adjustment, please inform Dr. Demetrious.

The most common side effect of chiropractic care is soreness and stiffness following the first few days of treatment. Sometimes patients experience headaches. This is usually short-term discomfort that is followed by relief.

Risks Inherent to Chiropractic Care

Disc herniations, pinched nerves, arthritic change, and spinal biomechanical issues are very common in many people. Many patients without symptoms have these problems and then aggravate their

conditions through their activities of daily living causing them to seek chiropractic care.

Rarely complications from chiropractic care include but are not limited to fractures, disc injuries, dislocations, muscle strain, spinal cord injury, rib, and joint pain. Arterial dissections and strokes are rare and can lead to death and paralysis. The most current research reveals that chiropractic care does not cause arterial dissections or strokes and further research is necessary. It has been reported that patients with arterial dissections experience neck pain, headache, and neurologic symptoms that cause them to see chiropractic care. We do our best to ensure that you do not have a developing dissection or stroke.

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

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

Please inform us of all medical procedures and medications you have taken in the past year:

I will instruct my medical providers to send this office my medical records and inform Dr. Demetrious of my health history.

Medical Referral

Dr. Demetrious strongly suggests that you advise your primary medical practitioners that you are seeking chiropractic care for your complaint. He may refer you to your medical doctor or other practitioners who may offer alternative care. Please advise Dr. Demetrious of any hospitalizations, changes in treatment, medication, or surgeries.

Underlying medical issues may not be initially apparent or may seem to be a musculoskeletal problem that does not. 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 testing or referral.

I will honestly and regularly inform the doctor of new symptoms, and worsening symptoms, and let him know if you are not progressively improving. If you have an underlying condition and discontinue care without consulting Dr. Demetrious, he may not be able to provide you with proper medical referrals.

Discontinuing Care

If you decide to discontinue care in our office, please advise Dr. Demetrious. You may have a more severe condition that is not responding and 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 Dr. Demetrious.

Home Care

Dr. Demetrious may make recommendations for activities of daily living, and home exercises. If any

recommendation produces discomfort during or after activities, please stop immediately and discuss your concerns with Dr. Demetrious.

Consent to Treat Minor

I hereby request and authorize Dr. James Demetrious to perform diagnostic tests and render chiropractic adjustments and other treatments to my minor son/daughter.

Consent

I have read the above explanation of chiropractic care and related treatment. I have discussed it with Dr. Demetrious and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have 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 examinations and treatment.

Date: _____

Patient's Signature

Doctor's Signature

Signature of Parent or Guardian

This Document is a work in progress. Improvements are necessary.