

Alternative Health Center

Dr. David Francis Fair

Chiropractic Physician

Informed Consent to Chiropractic Treatment

Please read this entire document **prior to signing** it. It is important that you understand the information contained in this document. Please ask questions **before you sign** if there is anything that is unclear.

The Nature of the chiropractic adjustment

The primary treatment I use as a Doctor of Chiropractic is spinal adjusting (aka: chiropractic manipulation). I will use that procedure to treat you. I may use my hands, or a mechanical instrument, upon your body in such a way as to move your joints. This process may cause an audible "pop" or "click", much as you have experienced when someone "cracks" their knuckles. You may or may not feel a sense of movement. It may, nor may not, be comfortable.

Analysis / Examination / Treatment

As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

- spinal and/or extremity adjusting • palpation (touch)
- range of motion testing • orthopedic testing
- muscle strength testing • postural analysis
- percussor therapy • cold therapy • ordering of radiographic studies (as indicated)
- basic neurological testing • collection of vital signs • electrical muscle stimulation
- other procedures as needed, but never without your prior consent

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during the delivery of these services. These complications include, but are not limited to; fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations and bums (cryotherapy). Some types of adjusting of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including cerebral vascular accident (stroke). Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for during the taking of your history and during examination and x-ray (if performed). Be sure to inform me if anyone has ever mention you have osteoporosis (weakened bones). Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical (neck) adjustments. The other complications are also generally described as rare.

The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered, over-the-counter, analgesics (pain killers), anti-inflammatories and/or muscle relaxants.
- Time and/or rest (while not therapeutic, meaning corrective, most pain will remiss with time).
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain killers (again, not therapeutic, meaning corrective, but may provide pain relief)
- Hospitalization
- Surgery

If you choose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with the providers of said services.

The risks and dangers attendant to remaining untreated.

Remaining untreated may allow the formation of adhesions of both soft tissue (muscle, tendon, ligament, disc) and/or hard tissue (bone) that could reduce mobility, which may set up further deterioration leading to a pain reaction again reducing mobility. Over time this process may complicate treatment, limit options, increase cost and possibly make it more difficult and painful and less effective the longer treatment is postponed.

Informed Consent to Chiropractic Treatment - continued

I hereby request and consent to the performance of chiropractic adjustments, and other chiropractic procedures including various modes of physical therapy, and if necessary, diagnostic x-rays being ordered for me (or on the patient named, for whom I am legally responsible): _____ by Dr. David Fair and/or anyone working in this office authorized by Dr. Fair.

I further understand that such chiropractic services may be performed by Dr. David Fair and/or other Doctors of Chiropractic who may treat me now or in the future at this office. I have had an opportunity to discuss with Dr. Fair and/or with other clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand, and am informed that, as in the practice of medicine and all healthcare, the practice of chiropractic carries some risks to treatment; including, but not limited to: fractures, disc injuries, strokes (CVA) dislocations, costovertebral strains/sprains and bums. I do not expect the physician to be able to anticipate and explain all risks and complications. Further, I wish to rely on the physician to exercise judgment during *the* course of the procedure which the doctor believes are in my best interests at the time, based upon the facts then known.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its contents, and by signing below, I agree to the treatment recommended by my doctor. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility.

To be completed by the patient:

To be completed by the patient's representative, if necessary,
(e.g. if the patient is a minor or is physically or mentally incapacitated)

Print Patient's Name

Print Name of Patient

Date

Date

Signature of Patient

Print Name of Representative

Signature of Representative

Verbal review/discussion with patient and patient verbalizes consent.

Staff doctor