

## INFORMED CONSENT TO CHIROPRACTIC SPINAL MANIPULATION

**The Nature of Chiropractic treatment:** The doctor will use his/her 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. Various ancillary procedures, such as hot/cold packs, electrical stimulation, therapeutic ultrasound or traction may also be used.

**Possible Risks:** As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury, or stroke, could occur from severe injury to the arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritations, burns, or other minor complications.

**Probability of risks occurring:** The risks of complications due to chiropractic treatment have been described as "rare", about as often as complications are seen from taking a single aspirin tablet. The risk of cerebrovascular injury, or stroke, has been estimated at one in one million to one in ten million, and can be even further reduced by screening procedures. The probability of adverse reactions due to ancillary procedures is also considered "rare".

### Other treatment options that could be considered may include the following:

- (1). ***Over the counter analgesics.*** The risks of these medications include irritation to the stomach, liver, kidneys, and other side effects in a significant number of cases.
- (2). ***Medical care,*** typically anti-inflammatory drugs, tranquilizers and analgesics. Risk of these drugs, including a multitude of undesirable side effects and patient dependence in a significant number of cases.
- (3). ***Hospitalization*** in conjunction with medical care adds risk of exposure to virulent communicable disease in a sufficient number of cases.
- (4). ***Surgery*** in conjunction with medical care adds risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

**Risks of remaining untreated:** Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition, and make future rehabilitation more difficult.

I have read the explanation above of chiropractic manipulation and other treatments. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to chiropractic manipulative therapy.

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Printed Name

Signature

Date

## HEALTH QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

Please check the appropriate response. If "yes", please explain. If you are not sure, check the "?" box.

NO	YES	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a past history of cancer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any unexplained weight loss?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your pain improve with rest?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you over 50 years old?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure to respond to a course of conservative care? (4-6 weeks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had spinal pain greater than 4 weeks?

NO	YES	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged use of corticosteroids (such as organ transplant Rx)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intravenous drug use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current or recent urinary tract, respiratory tract, or other infection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunosuppression medication and / or condition?

NO	YES	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of significant trauma?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minor trauma in person > 50 years old?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have osteoporosis (weak bones)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you over 70 years old?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any history of prolonged use of corticosteroids?

NO	YES	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute onset urinary retention or overflow incontinence? (wet underwear)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of anal sphincter tone or fecal incontinence? (bowel accidents)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saddle anesthesia? (numbness in the groin area)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Global or progressive muscle weakness in the legs? (legs give out)

COMMENTS: \_\_\_\_\_

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