

Informed Consent for patients at Dr. Connie's Chiropractic Center

Patients Name: _____

Dear Patient,

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 anything is unclear to you.

The nature of the chiropractic adjustment: The primary treatment I use as a Doctor of Chiropractic is the soft tissue balancing. I may use my hands or a mechanical instrument upon your body in such a way to move your joints. This may cause a sound, pop, or click much like you experience when you crack your knuckles. You may sense a slight movement.

Analysis/Examination/Treatment: Part of your analysis, examination, and treatment involves the following procedures, Please initial each one of the procedures.

<input type="checkbox"/> Spinal manipulation	<input type="checkbox"/> Extremity adjusting	<input type="checkbox"/> Reflex hammer
<input type="checkbox"/> Orthopedic testing	<input type="checkbox"/> Muscle strength testing	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Postural analysis	<input type="checkbox"/> Ultrasound therapy	<input type="checkbox"/> Massage or massager
<input type="checkbox"/> Palpation	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Kinesio-tape
<input type="checkbox"/> Soft Tissue Balancing	<input type="checkbox"/> X-rays (if not responding)	

The material risks inherent in my chiropractic adjustments treatments:

As with any healthcare procedure, there are certain complications which may arise during your session. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strains, cervical myelopathy, rib strains and separations, bleeding bruising and burns. Some types of manipulation of the neck have been associated with injuries to the arteries on the neck leading to or contributing to serious complications including stroke. I will make every reasonable effort during the examination to screen for complications to a manual cervical adjustment (if I perform one); however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me. Some patients will feel stiffness and soreness following the first few days of treatment.

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, examination and /or x-rays. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments.

The availability and nature of other treatment options for you condition may include: Self administered over the counter analgesics and/or rest. Medical care and prescription drugs such as anti-inflammatory, muscle relaxants, and pain killers. Hospitalizations or Surgery.

If you chose to use one of the above mentioned treatment options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary doctor.

The risks and dangers if left untreated. Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicated treatment making it more difficult and less effective that longer it is postponed.

Do Not Sign Until You Have Read And Understood The Above.

I have read the above explanation of the chiropractic adjustments and the related treatment. I have discussed it with Dr. Connie Meis-Robertson 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 treatment recommended. Having been informed of the risks, I hereby give my consent for treatment by my signature below.

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Dr. Connie Meis-Robertson, DC
