

INFORMED CONSENT FOR CHIROPRACTIC CARE

INTRODUCTION

All healthcare professions, including Chiropractic, have known risks which may include death, brain damage, quadriplegia, paraplegia, the loss or loss of function of any organ or limb, or disfiguring scars associated with such care and treatment. For your information, the following is routinely furnished to all who consider chiropractic care in this clinic.

Chiropractic is a science, which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) of the body as that relationship may affect the restoration and preservation of health.

PURPOSE OF CHIROPRACTIC PROCEDURES

The practice of Chiropractic includes many standard examination and testing procedures. These include physical examination, orthopedic and neurological testing, palpation, radiology examinations, physical therapy and rehabilitative procedures. Additionally, there is a procedure unique to the Chiropractic profession – the Chiropractic adjustment

Adjustments are made by Chiropractors to correct spinal extremity joint subluxations. One of the most common disturbances to the nervous system is the vertebral subluxation. This condition exists where one or more vertebrae in the spine are misaligned sufficiently to cause interference and/or irritation of the nervous system. The primary goal in Chiropractic health care is the removal of nerve interference caused by such subluxation(s).

There are a number of different adjusting techniques; some utilizing specially designed equipment. Adjustments are usually performed by hand but may be preformed by hand-guided instruments. A Chiropractic adjustment is the application of a quick precise movement over a very short distance to a specific segmental contact point of a vertebra.

Not only should you understand the benefits of Chiropractic care in restoring and maintaining good health, but you should also be aware of the existence of some inherent risks and limitations. These seldom are enough to contraindicate care, but should be considered in making the decision to receive Chiropractic care. All health care procedures, including those used in varying degrees, have some risks associated with them. Risks associated with some Chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurological deficits, osseous fracture, vertebral artery syndrome (VAS), including stroke and perhaps, death through complicating factors.

AUTHORIZATION FOR CHIROPRACTIC CARE

I have been informed of the nature and purpose of the chiropractic care, the possible consequences of care, and the risks of care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained, including the risks, consequences and probable effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME, AND ALL QUESTIONS, WHICH I HAVE ASKED, HAVE BEEN ANSWERED TO MY SATISFACTION.

HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE DR. JUEL TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

DATED THIS _____ DAY OF _____, 20____,
RAPID CITY, SOUTH DAKOTA.

PATIENT'S SIGNATURE: _____

CHIROPRACTOR'S SIGNATURE: _____

WHEN A PATIENT IS A MINOR OR UNABLE TO CONSENT:

A: PATIENT IS A MINOR _____ YEARS OF AGE

B: OTHER _____

**PERSON AUTHORIZED TO SIGN FOR PATIENT
PLEASE PRINT NAME:** _____

**SIGNATURE OF AUTHORIZED
PERSON:** _____

RELATIONSHIP: _____

**SIGNATURE OF THE DOCTOR OF
CHIROPRACTIC:** _____

REMARKS: