

CHIROPRACTIC INFORMED CONSENT / SHARED DECISION MAKING

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

I agree to have a physical examination. I understand some testing may provoke existing symptoms but that these tests are necessary to arrive at a diagnosis.

Patient Signature (Guardian if Minor)

Date

The nature of the chiropractic adjustment: Your chiropractic doctor or intern may use his hands or a device to manipulate the area being treated. You may feel or hear a “click” or “pop,” and you may feel movement. Chiropractic treatment may also include activity advice, exercise, hot or cold packs, electric stimulation or other types of therapy. Your chiropractic doctor will recommend treatment that is most appropriate for your condition.

Possible risks: Chiropractic treatment is safe and the majority of patients experience improvement. Approximately 30% of patients experience slight pain in the treated area, possibly due to a minor strain of muscle, tendon, or ligament. When this occurs, the pain is brief and self-limiting over the next few days. Temporary minor pain may also occur with exercise, heat, cold and electrical stimulation. Possible skin irritations, burns, or electrical shocks may occur with thermal or electrical therapy but are rare. Some soft tissue treatments may produce local discomfort, reddening of the skin, and superficial tissue bruising/soreness during and post treatment.

Serious bodily harm is extremely rare and not an inherent risk of chiropractic treatment. Many factors can adversely affect one’s health, including previous injury, medications, osteoporosis, cancer and other illnesses, diseases or conditions. When complicating factors are present, chiropractic treatment may be associated with serious adverse events such as fracture, dislocation, or aggravation of existing injuries. Your chiropractic doctor is aware that symptoms of stroke or cerebrovascular injury alert patients to seek medical and/or chiropractic care and will assess for symptoms and signs of stroke if appropriate. The incidence of stroke associated with neck adjustments is exceedingly rare (1 in 1 to 5 million) and while current research does not refute a causal relationship, it strongly suggests associated strokes are already in progress at the start of the visit rather than the result of the care provided.

Please inform your chiropractic doctor of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical conditions, including osteoporosis, heart disease, numbness, cancer, stroke, fracture, or previous severe injury.

Other options for treatment include: do nothing and live with it, over-the-counter medications, physical therapy, medical care, injections, surgery, and many others. Most treatments that have

potential benefit also have potential risk. You are encouraged to ask questions regarding possible risks of chiropractic treatment and may use the space below for this purpose.

Before your treatment begins, the following questions should be answered to your satisfaction:

- What is my diagnosis?
- Why do you think I have this diagnosis?
- What caused this diagnosis?
- What will happen if I do not get any treatment?
- What is the name of the proposed treatment?
- How is this treatment performed?
- What are the specific goals of this treatment?
- How much does each treatment cost, how many will I need, and how much will I need to pay out of pocket?
- Which aspects of my health will this treatment improve?
- How much of an improvement is expected and how long will it last?
- How will we measure this improvement?
- What are the factors that can help predict outcomes with this treatment?
- What could go wrong with this treatment?
- How often does something go wrong with this treatment?
- What are the consequences if something goes wrong?
- When should this treatment not be performed?
- What are some of the other treatment options available?
- What are the advantages of other treatment options?
- What are the disadvantages of other treatment options?
- When would you consider referring me to someone else?

Do not sign below until asked by your doctor.

My signature below confirms that I have read the paragraphs above and that I understand what my chiropractic doctor has told me about possible risks of chiropractic treatment and that I have had the opportunity to ask questions and have my questions answered. In addition, I have told my chiropractic doctor about my medical history regarding the above-specified complicating factors, if any.

Patient's Name

Doctor's Name

Patient Signature (Guardian if Minor)

Doctor's Signature

Date

Date