**CONSENT TO CHIROPRACTIC TREATMENT**

It is important for you to consider the benefits, risks, and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment. Chiropractic treatment includes adjustment, manipulation, and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

**Benefits:**
Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back, and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need of drugs or surgery.

**Risks:**
The risks associated with chiropractic treatment vary according to each patient’s condition as well as the location and type of treatment.
**Temporary worsening of symptoms –** Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
**Skin irritation or burn –** Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
**Sprain or strain –** Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
**Rib fracture –**While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
**Injury or aggravation of a disc –** Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerate or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their condition is worsening because they only experience back or neck problems once in a while.
Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.
The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back and neck mobility, radiating pain and numbness into legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

**Stroke –** Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke. Many common activities of daily living involving the neck movement have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery break off and travelling up to the brain.

**Alternatives:**
Alternative to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.
**Questions or Concerns:**
You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractors’ attention. If you are not comfortable, you may stop treatment at any time.

**Please be involved in and responsible for your care. Inform your chiropractor
immediately of any change in your condition.**

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of the treatment, as well as the alternatives to treatment. I hereby consent to the chiropractic treatment as proposed to me.

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Name (Please Print)

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Signature of patient (or legal guardian)

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Signature of Chiropractor