



Informed Consent and Authorization

Our practice of chiropractic, physical therapy and sports medicine includes many standard examination, testing, and therapeutic procedures. These include physical examination, orthopedic and neurological testing, specialized chiropractic examinations, functional examinations, stress tests, radiological (X-Ray) examinations, and laboratory testing (when clinically indicated). Procedures performed by the doctors and/or their staff may include various physical therapy procedures, exercises, soft tissue release procedures, scar tissue reduction, and the procedure unique to the chiropractic profession - the chiropractic adjustment. Not only do you need to know the nature and purpose of our care, as well as other health care, is associated with potential risks in the delivery of treatment. While chiropractic and physical therapy is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed in consenting to treatment.

Nature and Purpose of Chiropractic Care and Physical Therapy

Chiropractic adjustments are delivered to patients by chiropractors to correct spinal or extremity (knee, shoulder, wrist, etc.) joint dysfunction. A joint dysfunction is a condition that exists when one or more bones of the spine (or extremity) are misaligned, fixated, compressed sufficiently to cause lack of motion within corresponding joints. Generally speaking, these misalignments also cause abnormal nervous system function. The primary goal of the chiropractor is to remove joint dysfunction, restoring joint motion and nervous system function to normal.

Risks

- Stroke: Recent studies estimate this incidence at 1:3,000,000 to 1:10,000,000. The incidence is decreased by using minimal rotation in the adjustment, and this is our clinic's protocol.
- Soft-Tissue Injury: muscle strains, ligament/joint sprains, disc aggravations may occasionally occur
- Soreness: This is normal and acceptable effect from our treatment. Please let us know if occurs.
- Rib Injury: This may include rib fracture or rib cartilage sprain. Precautions are taken to minimize the risk.
- Physical Therapy Burns: Heat/Cold generated by modalities may cause minor burns to the skin.
- Other Problems: Osseous fracture, neurological deficit and possible death due to complication all the previous factors. All risks are very rare and precautions are taken for prevention.

Only seldom are the risks significant enough to contraindicate care, these facts will be considered in making the decision to deliver chiropractic care in your case. If you are at risk, as determined by your chiropractor, you will be notified. It is possible, however, that risks may not be apparent to your chiropractor, and as such there is a chance of injury with commencement of chiropractic procedures.

Authorization for Care

I have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the potential risks of chiropractic care; including the risk that care I receive in this clinic may not accomplish the desired objective. I acknowledge that no guarantees have been provided to me with regard to the results of the care I will receive.

I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED AND ANY QUESTIONS I HAVE ASKED HAVE BEEN EXPLAINED TO MY SATISFACTION. I KNOWINGLY AUTHORIZE ACTIVE LIFE CHIROPRACTIC & MASSAGE CENTER TO PROCEED WITH PHYSICAL THERAPY CHIROPRACTIC CARE AND OTHER TREATMENTS DEEMED NECESSARY.

Print Name _____ Date _____

Your Signature _____ Parent/Guardian Signature _____