



Chiropractic Consent Form

Medical Doctors, chiropractic doctors, osteopaths, and physical therapists that perform manipulation are required by law to obtain informed consent before starting treatment.

I, _____ consent to examination and to the performance of conservative noninvasive treatments for my condition, I understand that the procedures may consist of manipulations involving movement of my joints and soft tissues, along with physical therapy modalities and rehabilitative exercises.

Although spinal and extremity manipulation is considered to be one of the safest and most effective forms of therapy for musculoskeletal problems, I am aware that, as with any form of therapy, there are possible risks and complications associated with these procedures, which are as follows:

Soreness: I am aware that like exercise it is common to experience muscle soreness after a few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

Joint injuries: I understand that in isolated cases, underlying physical defects, deformities of pathologies like weak bones from osteoporosis may render that patient susceptible to injury. When osteoporosis discal degeneration or other abnormality is detected, extra caution will be employed.

Strokes: Although strokes happen with some frequency in our world, strokes from chiropractic manipulations are extremely rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments, the same change as being struck by lightning or having a normal dose of Tylenol cause death.

Tests will be performed on me prior to treatments to minimize the risks of these or any other complication from treatment, and I freely assume these risks. I also understand that there are beneficial effects associated with these neurological functions. However, I appreciate that there is no certainty that I will achieve these benefits. I realize that the practice of all forms of medicine, including chiropractic, is not an exact science, and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I have read or had read to me the above explanation of chiropractic treatment. Any questions I have regarding these procedures or alternative treatments available have been answered to my satisfaction prior to my signing this consent form. I have made my decision voluntarily and freely.

Signature of Patient

Signature of legal guardian minor

Signature of witness

Signature of Doctor

Date