



Dated: \_\_\_/\_\_\_/20\_\_\_

Like all treatment options there are possible risks associated with manual therapy techniques used by doctors of chiropractic. Your doctor will use their best clinical judgment to ensure these risks are minimal and adjust treatment techniques to cater to your specific condition. In particular you should note:

- A) While rare, some patients may experience short term stiffness or soreness in the area being treated. Muscle and ligament strains or sprains can occur as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures.
- B) There are reported cases of stroke associated with visits to both medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke. The possibility of such injuries occurring in association with upper cervical adjustment is estimated between one in one million and one in 5 million cervical adjustments.
- C) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment.
- D) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

Other treatment options that you may elect to peruse for your condition include:

1. Self administered over the counter analgesics and rest
2. Medical care and prescription medications for pain and inflammation
3. Physical therapy and rehabilitation
4. Hospitalization or surgery

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments. I understand, and I am informed that, as is with all Healthcare treatments, results are not guaranteed and there is no promise to cure.

I intend this consent to apply to all my present and future chiropractic care.

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Signature of Treating Doctor

Name: \_\_\_\_\_

Name: \_\_\_\_\_

