

Consent Form: Treatment/Examination/Assessment and Release of Information

Treatment:

Doctors of chiropractic who use manual therapy techniques are required to advise patients that there are or may be some risks associated with such treatments. In particular you should note:

- While rare, some patients may experience short term aggravation of symptoms, rib fracture or muscle and ligament strains/sprains as a result of manual therapy techniques.
- There are reported cases of stroke associated with many common neck movements including adjustments of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may on rare occasions result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustment is extremely remote.
- There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

Assessment:

Assessments are conducted to help aid in a patient's overall recovery after an injury by providing additional details that can assist when making recommendations for additional treatment, special imaging tests, further physical rehabilitation or additional medical intervention.

To allow for the most up-to-date information on your case, the doctor performing your assessment requires authorization to receive, review and obtain copies of all medical, hospital, clinical, x-ray, laboratory, psychological vocational or other records pertaining to any medical and/or psychological condition that you may have. This will assist in completing this assessment accurately. In addition pertinent information of this assessment may be discussed and/or shared, including test results, with various professionals, both medical and legal, and also any company involved in your rehabilitation case management.

After reading this consent form, I acknowledge that I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and in particular to spinal adjustments and/or the need for assessments that may aid in my treatment as well as the contents of this consent form.

By signing below I consent to the chiropractic treatment and/or assessments offered or recommended to me by my chiropractor, including spinal adjustments. I intend this consent to apply to all my present and future chiropractic care and/or assessments that are completed in regards to my injuries sustained. I intend this consent also be utilized as a signature on file so that the signature below may be used by my chiropractor to request treatment and/or assessments that my chiropractor feels are necessary in helping to obtain optimal recovery and resolution of symptoms from the injuries that I have sustained.

I agree that a photocopy of this authorization be accepted if necessary.

Date: _____ day of _____ in the year _____.

Claimant's Name: _____ Claimant's Signature: _____
(Guardian's Signature:)

Witness: _____ Date: _____