INFORMED CONSENT TO TREAT DOCUMENT

Patient Name _____

To the Patient: Please read this document in its entirety before signing it. You should be able to understand the information in this document and ask any questions if they arise to the attending doctor.

The nature of the chiropractic adjustment.

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use this procedure to treat you. I may use my hands or a mechanical instrument to adjust your spine and/or extremities as needed to improve joint movement.

Analysis/Examination and Treatment *(Please Initial each procedure that you are consenting to)*

___ spinal manipulative treatment ___ palpation ___ vital signs ___ range of motion testing

___ orthopedic testing ___ basic neurological testing ___ muscle strength testing ___

___ postural analysis testing ___ laser therapy ___ electrical muscle stimulation

The material risks inherent in chiropractic adjustments.

As with any healthcare procedure, there are certain risks which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations and burns. Some types of neck manipulations have been associated with injuries to the vertebral arteries in the neck leading to serious complications including stroke. Some patients may feel some stiffness or soreness following the first few days of treatment. The doctor will make every reasonable effort during examination to screen for contraindications to care; however, if you have a health condition that would otherwise not come to the doctor's attention it is your responsibility to inform the doctor.

The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the history and examination. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing debate and medical research. The most current research on this topic is inconclusive as to the specific incident of this complication occurring. If there is a causal relationship at all it is extremely rare and remote and an underlying condition usual exists. Unfortunately, there is no recognized screening procedure to identify patients with neck pain who are at risk for arterial dissection or stroke.

The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered over the counter analgesics and rest
- Medical care and prescription drugs, such as anti-inflammatory, muscle relaxants and pain killers
- Hospitalizations
- Surgery

If you choose to use one of the above noted "other treatment options," you should be aware that there are risks and benefits of such options and you may wish to discuss these with your medical doctor.

The risks and dangers of remaining untreated.

Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment and make it more difficult and less effective the longer it is postponed.

DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK BELOW AND SIGN BELOW.

I have read **[ ]** or have read to me **[ ]** the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Chad Vermeulen and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent for treatment.

Patient's Name _____ **Dated** _____

Patient's Signature _____

Signature of Parent or Guardian IF MINOR _____

Doctor's Name _____

Doctor's Signature _____

Dated _____