

Informed Consent to Chiropractic Treatment

While rare, some patients may experience short term aggravation of symptoms, rib fractures, muscle and ligament strains/sprains, and dizziness as a result of manual therapy techniques. There are reported cases of stroke associated with many common neck movements including adjustment of the upper cervical spine. The apparent association is noted infrequently, however, you are being warned of this possible association because stroke can cause serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustment is rare, however, possible. There are rare reported cases of disc injuries following cervical and lumbar 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. I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic treatments offered or recommended to me by my chiropractor, including spinal adjustment. I intend this consent to apply to all my present, and future chiropractic care.

Patient Name: _____ **Date:** _____

Witness Name: _____ **Date:** _____