



INFORMED CONSENT TO CHIROPRACTIC TREATMENT

The nature of chiropractic treatment: The doctor will provide a customized treatment plan based on the nature of your condition and symptoms. This treatment plan may include joint manipulation, muscle therapy/massage, rehabilitative exercise, electric stimulation, heat/ice packs, and other treatment procedures. In many cases, the chiropractic physician will use his/her hands or a mechanical device to manipulate the joints of the body in order to restore or enhance joint function. This procedure may result in a “popping sound,” which is caused by the change of pressure within the joint. Chiropractic joint manipulation is a highly controlled procedure that rarely causes discomfort and often helps resolve joint inflammation and reduce pain.

Benefits: Patients may experience numerous benefits of chiropractic care, but the most common benefits include decreased pain and stiffness, increased mobility, improved posture, and decreased risk of re-injury.

Possible risks: As with any health care procedure, complications are possible following a chiropractic treatment. It is possible that you will experience mild soreness for 24-48 hours following treatment. Certain treatment procedures may cause temporary light bruising in the areas being treated. Rare complications could include muscular strain, ligament sprain, fracture or dislocation, or injury to intervertebral discs or nerves. It is important to notify your chiropractor if your symptoms change or worsen following treatment.

Aside from chiropractic care, other treatment options could include the following:

- Over-the-counter analgesics
- Medical care
- Surgery

You also have the option to refuse treatment for your condition at this time. Please be aware that delay of treatment may allow the formation of adhesions, scar tissue and other degenerative changes to occur. These changes can further reduce joint mobility and induce chronic pain cycles. It is possible that delay of treatment could complicate the condition and make future rehabilitation more difficult.

Concerns or questions: If you have any questions or concerns regarding your treatment at any point, please do not hesitate to discuss them with your chiropractor.

Agreement: I have read or had read to me the above explanation of chiropractic care and I have fully evaluated the risks and benefits of undergoing treatment. I hereby give my consent to chiropractic treatment of my condition(s) at Stamford Spine, LLC.

Name (printed)

Signature

Date

For patients under 18 years of age:

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date