

INFORMED CONSENT

Chiropractic is a system of healthcare delivery and therefore, as with any healthcare delivery system, we cannot promise a cure for any symptoms, disease or condition as a result of treatment in this office. We will always give you our best care and if results are not acceptable, we will recommend another provider whom we feel will assist your condition.

The nature of the chiropractic adjustment.

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

The most common type of adverse reaction to spinal manipulation is some degree of stiffness or soreness that may occur following the first few days of the initial treatment. This is equivalent to the soreness you would experience after initiating in new exercise program. If such soreness occurs after the first one-three treatments, it usually stops soon. Other more serious complications could include: fractures, dislocations, disc injuries or stroke. The Doctor will make every reasonable effort during the examination to screen for contraindications to care; however if you have a 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 taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

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
- Hospitalization
- Surgery

If you chose 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 primary medical physician.

By my signature below, I consent to the performance of chiropractic care including, but not limited to examinations, adjustments and supportive procedures, including various types of therapeutic modalities and exercise. Certain supportive modalities may be suspended in the following cases: pacemaker, pregnancy, prosthesis, cancer, metallic implant, etc. I consent that the licensed doctor of chiropractic associated with this office, who now or in the future treats me, will use his or her own well-educated judgment in caring for me. I've had the opportunity to discuss with the treating doctor the nature and purpose of chiropractic adjustments and other procedures as well as possible alternative methods.

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with **Dr. Boehm** 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 to that treatment.

Dated: _____

Dated: _____

Patient's Name

Doctor's Name

Signature

Doctor's Signature

Signature of Parent or Guardian (if a minor)