Chiropractic First
1609 Chicago Ave, Evanston

INFORMED CONSENT CHIROPRACTIC TREATMENT

The nature of chiropractic treatment: I understand that chiropractic care is not medical care and I do not expect my chiropractic physician to diagnose a latent or pre-existing medical condition. I understand that the doctor may use his/her hands or a mechanical device in order to move my joints. I may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and I may feel movement of the joint. I understand that it is common to experience a wider range of emotional and physical experience while under care.

Possible Risks: I understand, as with any health care procedure, that there are certain complications which may arise during chiropractic treatment. Complications could include, but are not limited to, fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. I understand there is a risk of falling during my care. I have been informed that, in rare cases, some types of manipulation of the neck have been associated with injuries to vertebral arteries that could cause a stoke or cerebrovascular injury. Cervical adjudgments could have the potential to release pre-existing blood clots that may cause disruption of blood flow to the brain. Additionally, a minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could also produce skin irritation, burns or minor complications.

I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely upon the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, that are in my best interest.

Open Setting: Chiropractic First treats patients in an open room where other patients are also being treated. It is possible that other patients may be able to see you or overhear some of your protected health information during the course of your care. If you want to speak to the doctor in private or prefer a private treatment room, the exam room is available.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and herby give my full consent to treatment.

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Printed Name **Signature** **Date**