

## Informed Consent for patients at Dr. Connie's Chiropractic and Acupuncture Center

Patients Name: \_\_\_\_\_

Dear Patient, Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if anything is unclear to you.

**The nature of the chiropractic adjustment:** The primary treatment I use as a Doctor of Chiropractic is the spinal manipulation. I will use this technique to treat you. I may use my hands or a mechanical instrument upon your body in such a way to move your joints. This may cause a sound, pop, or click much like you experience when you crack your knuckles. You may sense a slight movement.

**Analysis/Examination/Treatment:** Part of your analysis, examination, and treatment involves the following procedures, Please initial each one of the procedures.

_____ Spinal manipulation	_____ Extremity adjusting	_____ Reflex hammer
_____ Orthopedic testing	_____ Muscle strength testing	_____ Vital Signs
_____ Postural analysis	_____ Ultrasound therapy	_____ Massage or massager
_____ Palpation	_____ Nutrition	_____ X-rays
_____ Acupuncture: Ear tacs, Moxabustion, Needles	_____ Biomat	
_____ Electrical stimulation	_____ Other _____	

### **The material risks inherent in my chiropractic adjustments and acupuncture treatments:**

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strains, cervical myelopathy, rib strains and separations, bleeding bruising and burns. Some types of manipulation of the neck have been associated with injuries to the arteries on the neck leading to or contributing to serious complications including stroke. I will make every reasonable effort during the examination to screen for complications to a manual cervical adjustment; however if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me. Some patients will feel stiffness and soreness following the first few days of treatment.

**The probability of those risks occurring:** Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for during the taking of your history, examination and /or x-rays. 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 availability and nature of other treatment options for you condition may include:** Self administered over the counter analgesics and/or rest.  
Medical care and prescription drugs such as anti-inflammatory, muscle relaxants, and pain killers.  
Hospitalizations, Surgery

If you chose to use one of the above mentioned 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 doctor.

**The risks and dangers if left 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 complicated treatment making it more difficult and less effective that longer it is postponed.

**Do Not Sign Until You Have Read And Understood The Above.**

I have read the above explanation of the chiropractic adjustments and the related treatment. I have discussed it with Dr. Connie Meis 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 treatment recommended. Having been informed of the risks, I hereby give my consent for treatment by my signature below.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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Date: \_\_\_\_\_

Dr. Connie Meis, DC

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