

COMMUNITY CHIROPRACTIC CENTRE

Informed Consent to Chiropractic and Acupuncture Treatment Chiropractic

Doctors of chiropractic, medical doctors and physiotherapists who use manual therapy techniques such as spinal adjustments are required to advise patients that there are or may be some risks associated with such treatment. In particular you should note:

- a) While rare, some patients have experienced rib fractures or muscle and ligament sprains or strains following spinal adjustments.
- b) There have been reported cases of injury to vertebral artery following cervical spinal adjustments. Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment, and may on rare occasion result in serious injury. The possibility of such injuries resulting from cervical spinal adjustment is extremely remote;
- c) There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by 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 have been demonstrated to be highly effective treatment for spinal pain, headaches and other similar symptoms. Chiropractic care contributes to your overall well being by relieving spinal nerve irritation (subluxations) and allowing the body's innate healing ability to be expressed. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications and procedures given for the same symptoms.

Acupuncture

I consent to the performance of acupuncture (or electroacupuncture), as necessary. I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection shock, convulsions, possible perforation of internal organs and stuck or bent needles.

I have been advised that only disposable needles are to be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time, based upon the facts then known, is in my best interests and understand that the results are not guaranteed.

N.B. Female Patients;

I hereby state that I am not pregnant, nor is there any possibility that I may be pregnant. I will advise the doctor if I should become pregnant so added precaution may be taken as needed.

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above mentioned acupuncture and chiropractic procedures including spinal adjustment. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

Date Signed

Print Patient's name

Patient's signature or
Parent or Legal Guardian