

Baker · Borski Chiropractic, S.C.
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INFORMED CONSENT TO CHIROPRACTIC TREATMENT

Please read this consent form, discuss it with your chiropractor if you would like to, and then sign where indicated at the bottom.

Chiropractic doctors, medical doctors, physical therapists and others who use spinal manual therapy techniques, such as for example joint adjustment or manipulation or mobilization, are advised to inform patients that there are or may be some risks associated with such treatment.

In particular:

While rare, some patients have experienced muscle soreness, ligament sprains or strains, or rib fractures following spinal adjustments;

There have been reported cases of injury to a vertebral artery following neck adjustment, manipulation and/or mobilization. Such vertebral artery injuries may on rare occasion cause stroke, which may result in serious neurological injury and/or physical impairment. This form of complication is an extremely rare event, occurring about 1 time per 1 million to 2 million treatments.

There have been reported cases of disc injuries following spinal manual therapy, although no scientific study has ever demonstrated that such injuries are caused, or may be caused, by chiropractic adjustment or manipulative techniques and such cases are also very rare.

Chiropractic treatment, including spinal adjustment or manipulation, has been the subject of much research conducted over many years and has been demonstrated to be an appropriate and effective treatment for many common forms of spinal pain, pain in the shoulders/arms/legs, headaches and other similar symptoms. Chiropractic care may also contribute to your overall well-being. The risk of injury or complication from chiropractic treatment is substantially lower than the risk associated with many medications, other treatments and procedures frequently given as alternative treatments for the same forms of musculoskeletal pain and other syndromes managed under chiropractic care.

Your doctor of chiropractic will evaluate your individual case, provide an explanation of care and a suggested treatment plan, or alternatively a referral for consultation and/or further evaluation if deemed necessary.

Acknowledgement: I acknowledge I have discussed, or have been given the opportunity to discuss, with my chiropractor the nature of chiropractic treatment in general and my treatment in particular as well as the contents of this consent.

Consent: I consent to the chiropractic treatments offered or recommended to me by my chiropractor, including joint adjustment or manipulation to the joints of my spine (neck and back), pelvis and extremities (shoulder, upper limbs and lower limbs). I intend this consent to apply to all my present and future chiropractic care.

Dated this _____ day of _____, 20____.

Patient Signature (Legal Guardian)

Name: _____
(please print)

Witness of Signature

Name: _____
(please print)