

INFORMED CONSENT TO TREAT

Please read this entire section prior to signing. It is important that you understand the information contained in this section. If anything is unclear, please ask questions before you sign.

DO NOT SIGN THIS CONSENT TO BE TREATED UNTIL YOU HAVE READ, UNDERSTAND AND ASKED ANY QUESTIONS YOU MAY HAVE!

Chiropractic Manipulation And Therapy Risks:

As with any healthcare procedure, there are certain complications which may arise during or after chiropractic manipulation of the spine and/or extremities and with the use of physical therapy treatments. These complications include but are not limited to: **Fractures of bones, Spinal disc injuries, Joint dislocations, Muscle injuries, Nerve injury, Worsening symptoms and Rib injuries.** These complications are generally described as rare.

Manipulation of the neck has been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. The incidences of stroke are exceedingly rare and are estimated to occur between one in a million or more neck adjustments.

Having been informed of these risk factors, I hereby attest that I understand the terms used in the above paragraphs and give my consent for chiropractic treatment.

Patient/Guardian Name Printed

Date

Patient/Guardian Signature

Relationship to Patient

I have addressed any questions regarding consent to treat:

Doctor Signature