

# **NORMAN FAMILY CHIROPRACTIC & WELLNESS**

## **INFORMED CONSENT TO TREATMENT**

Physicians, Chiropractors, Osteopaths and Physiotherapists using manual manipulation are required to advise their patients:

- With neck problems, there have been rare incidents of injury to the vertebral artery during the course of treatment. These have caused STROKES or STROKE-LIKE occurrences, which are usually of a temporary nature. The chances of this happening are approximately 2 in 1 million treatments.
- With back or neck problems, there have been rare incidents of rib separation or fracture, disc disease and more common pain, bruising, swelling or aggravation of symptoms.

### **APPROPRIATE TESTS WILL BE PERFORMED ON YOU TO MINIMIZE YOUR RISK**

I hereby consent to the chiropractic treatment as indicated, needed and explained to me. If during the course of treatment unforeseen conditions are discovered or unusual conditions develop, I further consent to such additional diagnostic measures and treatment as may be indicated by sound and prudent chiropractic practice which may require additional x-rays, chiropractic, orthopedic, neurological, laboratory testing and/or consulting with another doctor.

No guarantees or warranty has been offered to me that results will be to my complete satisfaction.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS, PLEASE ASK YOUR CHIROPRACTOR.**

**I HAVE READ THE ABOVE, UNDERSTAND AND CONSENT TO TREATMENT.**

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

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