

INFORMED CONSENT TO TREATMENT

In an effort to encourage and support a shared decision making process between us regarding your health needs, Norman Family Chiropractic provides the following information:

Chiropractic is based on the science which concerns itself with the relationship between structures (primarily the spine) and function (primarily of the nervous system) and how this relationship can affect the restoration and preservation of health.

Adjustments are made by chiropractors in order to correct or reduce spinal and extremity joint subluxations. **Vertebral subluxation** is a disturbance to the nervous system and is a condition where one or more vertebra in the spine is/are misaligned and/or does not move properly causing interference and/or irritation to the nervous system. The primary goal in chiropractic care is the removal and/or reduction of nerve interference caused by vertebral subluxation.

In addition to the benefits of chiropractic care, one should also be aware of the existence of some risks and limitations of this care. The risks are seldom high enough to contraindicate care and all health care procedures have some risk associated with them.

1. Risks associated with some chiropractic treatment may include soreness, musculoskeletal sprain/strain, and fracture.
2. In addition, there are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in process. However, you are being informed of this reported association because a stroke may cause serious neurological impairment.

APPROPRIATE TESTS WILL BE PERFORMED ON YOU TO MINIMIZE THESE RISKS

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.

No guarantee 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: _____