

Informed Consent for Treatment

Patient Name: _____ Date: _____

Chiropractors have been providing great health care services to patients for more than 100 years. Many patients with acute and chronic spine-related and extremity disorders and joint stiffness, arm and leg complaints, and other musculoskeletal conditions or injuries have benefited by having Chiropractic. In order for the Chiropractor to determine what types of treatment may be beneficial to you, it is necessary to perform a physical examination of your spine and other joints. Identifying subluxations or abnormal joint function is achieved by looking at X-rays and/or during the examination which involves moving various joint(s) or areas of your body in specific directions to determine how well each of the painful or restricted joints or bony structures of your body moves or is positioned when compared to the normal population. Spinal manipulation, a procedure that involves the application of controlled mechanical forces to specific joint structures, has the goal of improving and restoring normal joint motion of the spine and other joints. Better joint alignment and motion improves the function and health of the joint and nerves and thus reduces inflammation and reduces related symptoms. After treatment, most of our patients experience increased flexibility, feel less pain and other symptoms, and are able to return to their normal physical activities at work and home. The goal of Chiropractic is to improve and normalize the quality of joint motion in the affected areas of your body, to encourage you to adopt good lifestyle habits such as exercise and good nutrition, and assist you during the recovery process. Rejecting Chiropractic may lead to progression of joint restrictions and symptoms and further compromise your ability to perform activities at home and work.

There are various alternative types of non-chiropractic treatment available for patients who have your type of condition(s), including: acupuncture, physical therapy, or seeking care from a medical doctor.

While uncommon, some patients may experience short-term increase of pain and other symptoms or muscle and ligament strains or sprains as a result of manipulation and manual therapy techniques such as joint mobilization or deep massage. There are some uncommon and rare potential serious risks to Chiropractic manipulations and procedures, including, but not limited to, strains, sprains, fractures, disc injuries, dislocations, and nerve injuries.

Strokes are a very rare event in the general population and have been reported after patients visit Chiropractors or primary care providers (medical doctors). Scientific evidence shows that the increased stroke risks are likely due to patients seeking care from Chiropractors or medical doctors because of an unusual type or severity of headache and neck pain. These symptoms are from an early stroke that is already occurring and progressing from prior damage to an artery in the neck. Once seen by a doctor, the risk of the stroke progressing has been found in the literature to be similar (no excessive risk) for patients who are seen by Chiropractors and Primary Care Providers. There is scientific evidence that shows that patients who have these developing strokes may have weakened or diseased artery vessel walls that are particularly vulnerable to a variety of motions or movements of the neck and head or they may occur spontaneously without any known reason. Research has shown that there are many stroke risk factors, including: disease of blood vessels, high blood pressure, birth control pills, environmental and genetic factors, infections, occurring during falls, violent car accidents, coughing/sneezing, sport activities, or even during such trivial movements as turning ones head to back up a car or to paint a ceiling. The literature shows that there are rare risks of strokes specifically from rotating and extending the head and neck during the physical examination, from cervical spine manipulation or other maneuvers that rotate or extend the head and neck, particularly the upper cervical spine. You are being informed of this reported association because a stroke may cause serious injury or even death.

I voluntarily consent to the performance of chiropractic examination, manipulation and other chiropractic procedures, on myself. (or on the patient named below, for whom I am legally responsible) by said Chiropractor (see below), his/her preceptor(s), and/or other licensed doctors of Chiropractic who now or in the future provide Chiropractic treatment for me. This consent includes other doctors of Chiropractic that are employed by, associated with, or serve as back-up for said Chiropractor, whether or not their names are listed on this form. I understand that the results from the Chiropractic treatment are not guaranteed for my condition. The doctor has discussed the goals and potential benefits of the proposed treatment, other alternative types of treatment for my condition and the associated risks by having Chiropractic examination and procedures. I have had the opportunity to read this form and understand the above statements, accept the risks mentioned, and hereby consent and agree to the recommended Chiropractic treatment over the entire course of treatment for my present condition and any future conditions for which I seek treatment. All of the questions concerning this care and treatment have been answered to my satisfaction.

X _____
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

NAME: _____ RELATIONSHIP: _____
Indicate your name and relationship (parent/guardian/personal representative) if signing for patient (minor)

OFFICE WITNESS SIGNATURE: _____ DATE: _____

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