



Higher Health Chiropractic and Rehabilitation Informed Consent For Treatment

Medical Doctors, Chiropractic doctors, osteopaths and physical therapists that perform manipulation are required by law to obtain your consent before starting treatment.

I, _____ do here by give my consent to perform conservative non-invasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulation/adjustment involving movement of the joints and soft tissues. Physical therapy and exercise may also be used.

Although spinal manipulation/adjustment is considered to be one of the safest and most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows.

- ❖ Soreness - I am aware that like exercise it is common to experience muscle soreness in the first few treatments.
- ❖ Dizziness - Temporary symptoms like dizziness and nausea can occur but are relatively rare
- ❖ Fractures/joint injury - I further understand that in isolated cases underlying physical defects, deformities pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk or other abnormality is detected, this office will proceed with caution.
- ❖ Stroke - Although strokes will happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur in in one million to once in ten million treatments. Once in a million is about the same chance as a normal dose of aspirin or Tylenol causing death.
- ❖ Physical therapy burns - Some of the therapies used in the office generate heat and may rarely cause a burn. Despite precautions if a burn is obtained there will be a temporary increase of pain and possible blistering, this should be reported to the doctor.
- ❖ Bruising - Bruising will occur at the site of a Chinese cupping session, this is toxins being lifted to the surface. Very rarely bleeding will occur at the site of a acupuncture needle.

Tests have been preformed on the doctors to minimize the risk of any complication from treatment and freely assume these risks

Treatment Results

I also understand that there are beneficial effects associated with these treatments procedures including decreased pain, improved mobility and function and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits.

I realize that the practice of medicine, including chiropractic, is not a exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my doctor and such other persons of the doctors choosing alternative treatments available

Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, prescription or over the counter medications, exercise and possible surgery.

Medications - Medication can be used to reduce the pain of inflammation. I am aware that long term use or

overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side effects, physical or psychological dependence and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/exercise - It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissue

Surgery - Surgery may be necessary for joint instability or serious disk rupture. Surgical risks may include unsuccessful outcome, complications, pain or reaction to the anesthesia, an prolonged recovery.

Non-Treatment - I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion, inflammation and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

I have read or have been read the above explanation of chiropractic treatment. Any questions I have had regarding these procedures have been answered to my satisfaction prior to my consent form. I have made my decision voluntarily and freely.

To attest to my consent to these procedures, I hereby affix my signature to the authorization for treatment.

Date _____

Signature of patient _____

Signature of witness _____