



INFORMED CONSENT TO CHIROPRACTIC TREATMENT

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. You may want to ask questions to the doctor before you sign if there is anything that is unclear.

The Nature of Upper Cervical Chiropractic Therapy

One of the chiropractic treatment methods we use at Natural Healing of Tampa Bay is a percussion integument adjusting. We may use this procedure to treat you. We may use a table mounted mechanical instrument in such a way as to potentially move your joints through the use of a percussive sound wave. This procedure is x-ray dependent and requires consenting to outpatient imaging.

The Nature of Traditional Chiropractic Therapy

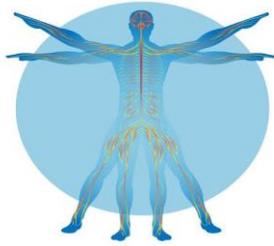
One of the treatment methods used by most doctors of chiropractic is spine manipulative therapy. We may use this procedure to treat you. We may use a hand-held mechanical instrument or our hands upon your body in such a way as to potentially move your joints. That may cause an audible “pop” or “click”, similar to the sound of “cracking” your knuckles.

Analysis/Examination/Treatment

As part of the analysis, examination and treatment, you are consenting to the following procedures: Manual palpation; range of motion testing; orthopedic testing; basic neurological testing; manual muscle strength testing; postural analysis testing; diagnostic x-ray; percussive instrument spinal adjusting; manual spinal manipulative therapy; soft tissue therapy; neuromuscular or rehabilitative exercise.

The Material Risks Inherent In Chiropractic Adjustment

As with any health care procedure, there are certain complications which may arise during chiropractic manipulation and therapy. Some patients will feel some stiffness and soreness following the first few days of treatment. Rarer complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and friction burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading or contributing to serious complications including stroke, although these types of manipulation are never performed at Natural Healing of Tampa Bay. We will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to our attention, it is your responsibility to inform us.



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The Probability of Those Risks Occurring

It is fairly common for some patients to feel some stiffness and soreness following the first few days of treatment. Fractures are rare occurrences and generally result from some underlying weakness of the bone which will be checked for during the taking of your history and during examination and x-ray. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as extremely rare.

The Availability of Other Treatment Options

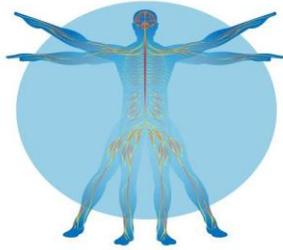
Other treatment options for your condition may include (but are not limited to):

- Self administered, over-the-counter analgesics and rest
- Physical Therapy
- Other styles of chiropractic therapy
- Medical care and prescription drugs such as anti-inflammatories, muscle relaxants, and pain killers
- Hospitalizations
- Surgery

If you choose to use of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The Risks and Dangers to Remaining Untreated

Remaining untreated may allow the degenerative process to continue complicating future treatment making it more difficult and less effective the longer it is postponed. Some conditions if left untreated for too long may require surgical interventions as conservative care is generally most effective.



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**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE PREVIOUS PAGES.
YOU MAY WAIT TO ASK THE DOCTOR QUESTIONS BEFORE SIGNING THIS FORM.**

I have read the explanation of the chiropractic adjustment and related treatment. Any questions that I have were discussed with a doctor or staff member and have had my questions answered to my satisfaction. By signing below I state I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to those treatments.

Please check below if you WOULD NOT like to receive the following treatments. Leaving all the boxes blank states that you consent to all of the following treatments.

- manual palpation; range of motion testing; basic neurological testing;
- manual muscle strength testing; postural analysis testing; Diagnostic X-Ray; percussive instrument spinal adjusting; manual spinal manipulative therapy; soft tissue therapy; neuromuscular or rehabilitative exercise

Dated: _____

Dated: _____

Patient's Name: _____

Doctor's Name: _____

Signature: _____

Signature: _____

IF UNDER 18

Dated: _____

Patient's Name: _____

Parent or Guardian's Name: _____

Signature: _____