

Informed Consent Of Chiropractic Treatment

We feel that every patient be informed of the risks of treatment prior to the beginning of chiropractic care. The following is Ouellette Chiropractic's consent. We intend this consent form to cover the entire course of treatment for your present condition and for any future conditions for which you seek treatment.

The Nature Of Chiropractic Treatment: The doctor will use her hands or a mechanical device in order to manipulate your joints. You may hear a "click" or "pop" similar to when a knuckle is "cracked" and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or traction, as well as exercise instruction may also be used.

Possible Risks and Probability: There are inherent risks in any and all treatment delivered by any health care provider. Although we take every precaution, there are indeed some slight risks to chiropractic manipulation. The risk is very minor to almost nonexistent in any treatment of extremities. The risk involved in treatment to the spine excluding the neck are several. A list from the least to most serious would include muscular strain (rare), ligamentous strain (rare), fractures (rare), and injury to intervertebral discs, nerves or spinal cord (very rare). The risk involved in the possibility of cerebrovascular injury, or stroke (very, very rare: chances are one in one million to one in ten million). A minority of patients may notice stiffness or soreness after the first few days of treatment (common). The ancillary physical therapy procedures could produce skin irritation, burns, or other minor complications (rare).

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition, and make further rehabilitation more difficult.

We here at Ouellette Chiropractic have gone to great lengths to make your health and safety our top priority. We will be glad to explain any questions or concerns about treatments you might have.

I have read the above explanation of chiropractic treatments. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed Name

Signature of Patient or Guardian

Date