

Informed Consent to Chiropractic Care

Chiropractic care, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and have been demonstrated to be highly effective treatment for spinal pain, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic care is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I understand and am informed that, as in all health care, in the practice of chiropractic there are some very slight and minimal risks to care, including, but not limited to: minor muscle and ligaments strains or sprains, superficial skin bruising, rib fractures, disc injuries and strokes (1 per 5.85 million chiropractic adjustments)¹. I do not expect the doctor to be able to anticipate and explain all risks and complications and wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interest.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures including diagnostic x-rays, if necessary, on me by the doctor and/or anyone working in this clinic authorized by the doctors.

I intend this consent to apply to all my present and future chiropractic care.

Date: _____

Patient's Name: _____ Witness's Name: _____

Patient's Signature: _____ Witness's Signature: _____

¹ Arterial Dissections Following Cervical Manipulation: The Chiropractic Experience, Haldeman S, Carey P, Townsend M, Papadopoulos C, Canadian Medical Association Journal, Vol 165, No 7, 905-906, 2001.