PREMIER HEALTH & REHAB SOLUTIONS

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Informed Consent for Chiropractic Care

Chiropractic care, like all forms of health care, while offering considerable benefit may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. One of the rarest complications associated with chiropractic care, occurring at a rate between one instance per one million to one per two million cervical spine (neck) adjustments may be a vertebral artery injury that could lead to stroke.

Prior to receiving chiropractic care this Chiropractic office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spine health. These procedures will assist us in determining if chiropractic care is needed, or if any further examinations or studies are needed. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

I understand and accept that there are risks associated with chiropractic care and give my consent to the examinations that the doctor deems necessary, and to the chiropractic care including spinal adjustments, as reported following my assessment.

Female Patients CONSENT TO X-RAY

I understand that if I am pregnant and have X-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. I understand and have been advised that the ten days following the onset of menstruation are generally considered to be safe for X-ray examination.
With the full understanding of the above, I do hereby state, to the best of my knowledge, I am NOT pregnant, nor is pregnancy suspected or confirmed at this time and I wish to have an X-ray examination performed now.
Additionally, I understand that it is my responsibility to notify the staff or doctor as soon as possible if I do become pregnant in the future, in order to prevent X-ray exposure to the fetus.

____Yes, I understand and I AM NOT PREGNANT.

____No, I do not understand or I AM OR MAY BE PREGNANT.

_____ _____

Patient Name (printed) Relationship to patient

_____ _____

Patient or legal Guardian Signature Date

_____ _____

Witness Signature (office staff) Date