

Thankyou

Consent to Chiropractic Care

Do NOT sign until indicated to do so by the Chiropractor

It is becoming increasingly necessary for health practitioners, Chiropractors included, to clearly inform our patients of any risks associated with various procedures, particularly if a 'material' risk may be involved. Despite Chiropractic care being a safe and effective means of spinal health care, you still need to be aware of any risks that may be involved, and acknowledge that you have been informed of these risks.

1. The primary techniques that are likely to be used include; spinal adjustments (manual, drop-piece, activator or blocking), kinesiology, trigger point therapy, muscle release and stretching, deep tissue friction. You may also receive advice covering nutrition, supplements, lifestyle habits, exercise and other recommendations.
2. Extremely rare risks may be associated with some neck procedures, including stroke or stroke-like symptoms (Approximately 1 chance per 1 or 2 million. Haldeman et al, Spine 24(8):785-794 (1999)). Despite the rarity of this event, you must still be aware that it constitutes a risk.
3. Temporary muscle and joint soreness or strains, dizziness, bruising, or aggravation of your underlying condition may also occur. Such reactions to treatment, if any, usually resolve within 24 hours. Remember, these events are extremely rare, however, as with all health care practitioners, we are required to disclose them anyway.
4. Are there any chiropractic (or other) procedures that you have either had, or are concerned about having, that you are not comfortable with, or concerned you might react to? (please circle) Yes/No (If 'yes', give details)

5. Be aware that the nature of treatment may vary throughout the course of your care. The frequency and number of visits will depend on factors such as your overall response to care, your compliance with exercises, stretches and recommended visit schedules.
6. Should you choose NOT to undergo examination/treatment, or follow recommendations, your condition may be left undiagnosed/untreated, and may get worse.
7. You also need to acknowledge that results are not guaranteed, and that you don't expect Dr. Hume-Phillips to be able to anticipate all potential risks and complications.
8. You also need to acknowledge that you are aware of, and understand, the potential risks.
9. In signing below, you are acknowledging your consent to chiropractic care by Dr. Hume-Phillips, and/or any other chiropractor working in this clinic. You may withdraw consent at any time.

Patient's (or guardian's) signature

Witness (Chiropractor)

Patient Name

Date