



# SCHNEIDER

• CHIROPRACTIC •

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Patient Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

## INFORMED CONSENT TO CHIROPRACTIC TREATMENT

I, \_\_\_\_\_, do hereby give my consent to the conservative noninvasive treatment to the joints and soft tissue. I understand that the procedures may consist of chiropractic manipulations/adjustments performed manually, by table mechanism or with and instrument involving movement of the joints and soft tissues. Therapeutic exercise, nutritional advice, motion and exercise may also be used.

Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

**-Soreness:** I am aware that, like exercise, it is common to experience muscles soreness in the first few treatments.

**-Dizziness:** Temporary symptoms like dizziness and nausea can occur but are relatively rare.

**-Fracture/Joint Injury:** I further understand that in isolated cases underlying physical defects, deformities or pathologies, like weak bones from osteoporosis, may render the patient susceptible to injury. When osteoporosis, degenerative disc, or other abnormality is detected, this office will proceed with extra caution.

**-Nerve or vascular injury:** Although vascular injuries happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments.

**TREATMENT RESULTS** I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I understand that there is no certainty that I will achieve these benefits. I realize that the practice of medicine, including chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures. I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing.

**ALTERNATIVE TREATMENTS AVAILABLE** Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, prescription or over-the-counter medications, exercises, and possible surgery.

**Medications:** Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

**Rest/Exercise:** It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

**Surgery:** Surgery may be necessary for joint stability or serious disc rupture. Surgical risks may include unsuccessful outcomes, complications, pain or reaction to anesthesia, and prolonged recovery.

**Non-treatment:** I understand that the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthier.

**I have read or have had read to me the above explanation of chiropractic treatment. Any questions I have regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.**

**To attest my consent to these procedures, I hereby affix my signature to this authorization for treatment.**

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Witness signature \_\_\_\_\_

Date \_\_\_\_\_