

TRAUB CHIROPRACTIC CARE CENTER
INFORMED CONSENT TO CHIROPRACTIC TREATMENT

The nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electrical muscle stimulation, therapeutic ultrasound or traction may also be used.

Possible Risk: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral disc, nerves or spinal cord. Cerebrovascular injury, or stroke, could occur upon severe injury to arteries of the neck. The ancillary procedures could produce skin irritation, burns or other minor complications.

Probability of Risk Occurring: The risk of complications due to Chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury, or stroke, has been estimated at one in one million to one in ten million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

Other treatment options which could be considered the following:

- Over-the-counter analgesics. The risk of these medications include irritation to stomach, liver and kidneys. And other side effects in a significant number of cases.
- Medical care typically anti-inflammatory drugs, tranquilizers, and analgesics. Which of these drugs include multitude of undesirable side effects and patient dependence in a significant number of cases
- Hospitalization in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risk 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 condition, and make future rehabilitation more difficult.

Unusual Risks: I have had the following unusual risks of my case explained to me:

I have read the explanation above of chiropractic treatment. I have the opportunity to have any questions answered to my satisfaction. 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.

Patient/Guardian Signature _____ **DATE** _____

PAYMENT AUTHORIZAZION:

I request that payment of authorization health benefits be made to me or on my behalf of Traub Chiropractic Care Center of any services to me by the provider. I authorize any holder of medical information about me to be released to process any claim and any information needed to determine these benefits or the benefits payable for related services. This authorization is in effect until I choose to revoke.

IT IS ALSO MY RESPONSIBILITY TO SEE WHAT MY INSURANCE BENEFITS COVER FOR CHIROPRACTIC

Patient/Guardian Signature _____ **DATE** _____