

Bradley D. Kaasa, DC / Mt. Si Chiropractic Clinic
PO Box 911 / 325 E 3rd St. North Bend, WA 98045
Ph: 425-831-2331 Fax: 866-462-2960 drbk66@hotmail.com

Personal Information

Date _____ Name _____
Address _____ City _____ ST _____ Zip _____
Cell # _____ Work # _____ Home # _____
Email _____ Date of Birth _____
Marital Status ___ Single ___ Married ___ Widowed Sex ___ Male ___ Female
Emergency Contact Name & Phone#: _____
Referred by? _____

Insurance Information (Please Present Card)

Insurance Company _____
ID# _____ Group# _____
Subscriber Name _____ Relationship _____
Subscriber Date of Birth _____
Auto/Work Injury Claim# _____ Date of auto/work injury _____

Current Symptoms:

- 1.
- 2.
- 3.
- 4.

Symptoms Due To ?: (Car Crash) (Work Injury) (Home accident) (Gradual Onset)

List Surgeries: _____

Any Serious Condition Doctor Should Be Aware Of: _____

Assignment and Release

I, the undersigned, assign directly to Dr. Bradley D. Kaasa, DC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Date

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Informed Consent for the Chiropractic Patient

Please read the document and ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment: The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you hear when you "crack" your knuckles. The sound is only gasses being released from the fluid inside your joint capsule. You may feel a sense of movement.

Analysis / Examination / Treatment: As part of the analysis, examination and treatment, you are consenting to the following procedures: spinal manipulative therapy, palpation, trigger point massage, range of motion testing, orthopedic testing, neurological testing, muscle strength testing, and postural analysis testing.

The risks inherent in chiropractic adjustment: As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These may include, but are not limited to: muscle strain, ligament sprain, disc injuries, fractures, dislocations, cervical myelopathy, costovertebral strains. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. The doctor will make every reasonable effort during the examination to screen for contraindications to care, however, if you have a condition that would otherwise not come to the doctor's attention it is your responsibility to inform the doctor.

The probability of those risks occurring: Fractures are rare occurrences and generally result from some underlying weakness of the bone. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on the topic is inconclusive as to a specific incident for this complication occurring. If there is a causal relationship at all, it is extremely rare and remote. Unfortunately, there is no recognized screening procedure to identify patients with neck pain who are at risk of arterial stroke.

The availability and nature of other treatment options: Other treatment options for your condition may include: self-administered, over-the-counter analgesics and rest; medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers; hospitalization; surgery. If you chose to use one of the above noted "other treatment" options you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated: Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

I have read the explanation above of the chiropractic adjustment and related treatment. I have had the opportunity to have any questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Patient's name: _____ Date: _____

Signature: _____

Signature of parent/guardian (if minor): _____