

Informed Consent for Chiropractic Care

Medical doctors, chiropractic physicians, osteopaths, and physical therapists who perform manipulation are required by law to obtain your informed consent before starting treatment.

By signing this Informed Consent for Chiropractic Care ("Consent") below, you give your consent to the performance of conservative noninvasive treatment to the joints and soft tissues by Sutphin Chiropractic Acupuncture, PLLC. These procedures may consist of manipulations/adjustments involving movement of the joints and soft tissues, as well as soft tissue release, manual muscle therapy, nutritional supplementation, and exercises. By signing this Consent, you agree to the performance of these procedures by your chiropractic physician and such other persons of her choosing.

RISKS ASSOCIATED WITH TREATMENT

Although spinal and extremity manipulation/adjustment is considered one of the safest, most effective forms of therapy for musculoskeletal problems, there are possible risks and complications associated with these procedures, including but not limited to the following:

- Soreness/Bruising: It is common to experience muscle soreness similar to the soreness felt after exercising, and occasionally bruising, in the first few treatments.
- Dizziness: Temporary symptoms like dizziness and nausea occur in some patients, but are relatively rare.
- Fractures/Joint Injury: In some isolated cases, underlying physical defects, deformities, or pathologies, such as weak bones from osteoporosis, make patients more susceptible to injury. When osteoporosis, degenerative disc, or another abnormality is detected, this office will proceed with extra caution.
- Stroke: Nerve or brain damage, including stroke, is very rare, but is reported to occur once in a million to once in ten million treatments. Once in a million is about the same chance as being struck by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Although the chiropractic physician will try to minimize any risks or complications from treatment, by signing this Consent, you agree and acknowledge that you freely assume these risks.

TREATMENT RESULTS NOT GUARANTEED

While chiropractic procedures can have beneficial results, such as decreased pain, improved mobility and function, and reduced muscle spasms, you may not experience these benefits. The practice of medicine, including chiropractic, is not an exact science, and no guarantee is made to you regarding the outcome of these procedures.

ALTERNATIVES TO TREATMENT

Reasonable alternatives to these procedures include rest, home therapies, prescription or over-the-counter medications, exercises and possible surgery. In addition, non-treatment is also an alternative to treatment. More information on these alternatives follow.

- Medications: Certain medications can be used to reduce pain and/or inflammation. However, medications cannot be prescribed by the Chiropractic Physician. Most medications have side-effects, and long-term use or overuse of medication can be a cause for concern. For instance, prescription and over-the-counter drugs may: mask symptoms without treating the cause of

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disease or problem; produce inadequate or short-term relief; have undesirable side effects, such as physical or psychological dependence; require continued and indefinite use. In addition, some medications may involve serious risks. Patients should consult with their Medical Doctor and pharmacist for questions regarding these risks.

- Rest/Exercise: Simple rest is not likely to reverse pathology, but it may temporarily reduce inflammation and pain. The same is true of ice, heat, and other home remedies. Although rest can be temporarily beneficial, prolonged bed rest contributes to weakened bones and joint stiffness. Certain exercises can be of value, but exercise does not cure injured nerve and joint tissues.
- Surgery: Surgery may be necessary for joint instability or serious disc rupture. Surgical risks may include unsuccessful outcome, complications, pain, or reaction to anesthesia, and prolonged recovery. Patients should consult with their Medical Doctor for questions regarding these risks.
- Non-treatment: While non-treatment is an alternative to treatment, the potential risks of refusing or neglecting care may include increased pain, scar and/or adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. These risks of nontreatment may complicate future treatment you receive, making future recovery and rehabilitation more difficult and lengthy.

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

By signing below, I indicate that I freely and voluntarily give my consent to treatment.

Signature of Patient: _____

Date: _____

(IF A MINOR)

Signature of Parent or Guardian: _____

Date: _____

Signature of Witness: _____

Date: _____

Informed Consent for Acupuncture Services

Acupuncturists, medical doctors, chiropractic physicians, osteopaths, and physical therapists who perform acupuncture are required by law to obtain your informed consent before starting treatment.

By signing this Informed Consent for Chiropractic Care ("Consent") below, you give your consent to the performance of noninvasive treatment of acupuncture by Sutphin Chiropractic Acupuncture, PLLC. These procedures may consist of application of needles to the skin and underlying soft tissues and muscle, as well as soft tissue release and cupping. By signing this Consent, you agree to the performance of these procedures by your chiropractic physician and such other persons of her choosing.

RISKS ASSOCIATED WITH TREATMENT

Although acupuncture is considered safe and effective for musculoskeletal problems, there are possible risks and complications associated with acupuncture therapy, including but not limited to the following:

- Soreness/Bruising: It is common to experience muscle soreness and skin discoloration with acupuncture and cupping therapy. Occasionally, bruising with occur in the first few treatments of cupping and soft tissue therapy.
- Numbness/Tingling: Temporary numbness or tingling may occasionally occur near the needling sites. In rare cases this may last for a few days.
- Bleeding: Minor bleeding might occur during or after acupuncture treatment. While this is not typically long lasting, inform the doctor if you have a bleeding disorder or are on anti-coagulant drugs.
- Dizziness and Fainting: Temporary symptoms like dizziness and nausea can occur but are relatively rare. Fainting occurrence is extremely rare.
- Infection: Although infection at the needle application site may occur, such infections are rare. The clinic maintains a clean and safe working environment and only uses sterile needles for acupuncture therapy. These needles are only used once and are disposed of after use.
- Nerve damage/organ puncture: Unusual risks with acupuncture treatment include nerve damage or organ puncture (pneumothorax).
- A Special Note About Pregnancy: Although acupuncture is generally considered safe for pregnant women, in rare cases the application of needles to certain acupuncture points can result in spontaneous miscarriage. Acupuncture treatment during pregnancy is considered safe as long as the contraindicated points are not involved in treatment.

You must notify the doctor if you are pregnant or suspect that you are pregnant.

Although the chiropractic physician will try to minimize any risks or complications from treatment, by signing this Consent, you agree and acknowledge that you freely assume these risks.

TREATMENT RESULTS NOT GUARANTEED

While chiropractic acupuncture can have beneficial results, such as decreased pain, improved mobility and function, and reduced muscle spasms, I acknowledge that I may not experience these benefits. The practice of medicine, including chiropractic acupuncture, 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 chiropractic physician and such other persons of her choosing.

ALTERNATIVES TO TREATMENT

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: Certain medications can be used to reduce pain and/or inflammation. However, medications cannot be prescribed by the Chiropractic Physician. Most medications have side-effects, and long-term use or overuse of medication can be a cause for concern. For instance, prescription and over-the-counter drugs may: mask symptoms without treating the cause of disease or problem; produce inadequate or short-term relief; have undesirable side effects, such as physical or psychological dependence; require continued and indefinite use. In addition, some medications may involve serious risks. Patients should consult with their Medical Doctor and pharmacist for questions regarding these risks.
- Rest/Exercise: Simple rest is not likely to reverse pathology, but it may temporarily reduce inflammation and pain. The same is true of ice, heat, and other home remedies. Although rest can be temporarily beneficial, prolonged bed rest contributes to weakened bones and joint stiffness. Certain exercises can be of value, but exercise does not cure injured nerve and joint tissues.
- Surgery: Surgery may be necessary for joint instability or serious disc rupture. Surgical risks may include unsuccessful outcome, complications, pain, or reaction to anesthesia, and prolonged recovery. Patients should consult with their Medical Doctor for questions regarding these risks.
- Non-treatment: While non-treatment is an alternative to treatment, the potential risks of refusing or neglecting care may include increased pain, scar and/or adhesion formation,

restricted motion, possible nerve damage, increased inflammation, and worsening pathology. These risks of nontreatment may complicate future treatment you receive, making future recovery and rehabilitation more difficult and lengthy.

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

By signing below, I indicate that I freely and voluntarily give my consent to treatment.

Signature of Patient: _____

Date: _____

(IF A MINOR)

Signature of Parent or Guardian: _____

Date: _____

Signature of Witness: _____

Date: _____