

INFORMED CONSENT

There are many concerns about the safety of procedures we undergo routinely, the environment we live in and the food we consume but to name a few. We hope to explain some of the risks and common responses to chiropractic care so that any concerns on these matters may be eased. We hope that having a better understanding of the care you will receive at our clinical will enhance your experience.

Most people will experience some level of discomfort in the early stages of care. This is due to the change in the pattern of the nervous system. It is a normal response during the initial phase of care. Starting prescribed home exercises can also leave you sore when you begin so begin slowly when we give them to you. Icing at home for 15 minutes every couple of hours helps to minimize any initial discomfort you may feel.

If you are [or have been] taking anticoagulant [blood thinning] medication or steroids then it is important to tell your chiropractor this prior to commencing care.

There are always risks associated with any therapeutic intervention. The risk of permanent injury or death from manual spinal adjustment is approximately 1 in 2,500,000. To place this in perspective, the risk of death from gastric bleeding when taking an aspirin or paracetamol for aches and pains is approximately 3 in 1000. Statistically there is more chance of being hit by lightning than experiencing permanent damage or dying from a manual adjustment.

We must explain these risks to you so that you can make an informed decision about commencing or continuing your care. If you have any further concerns please ask your chiropractor.

The adjustments and care you receive here in our clinic will be tailored to your specific needs. In all cases we attempt to provide care in as gentle a fashion as possible. Our range of techniques provide for almost any person, age or condition. If at any stage of your care you have concerns, doubts or questions we encourage you to discuss these matters with your practitioner.

When you refer friends and family to see us for chiropractic care, we like to recognize your trust and confidence in us by acknowledging you on a notice. Please let us know if you would prefer not to be thanked publicly.

I have read the above and give authority to Deborah Ben-Shah, DC to commence/continue chiropractic care for either myself or my dependent [whichever is applicable].

Name (Please Print): _____

Signed: _____ Date: _____