

INFORMED CONSENT

PATIENT NAME: _____ DATE: _____

Mobile Chiropractic Health w/ Equine, Canine (hereinafter MCH w/ EC) requires all patient initial each informed consent as outlined below, as well as a completed signature at the end of this consent.

Please read this document in its entirety; questions or concerns should be addressed prior to initials and final signature.

The nature of the chiropractic adjustment:

A common treatment used by Doctors of Chiropractic is spinal manipulation: MCH w/ EC may use that procedure to treat you the patient in conjunction with trigger point therapy with arthro-stim instrument and non manipulation of the Atlas and other joints with instrumentation instead of manipulation. Sometimes you will feel a sense of movement or hear an audible click.

_____ Patient initials

Analysis/Exam/Treatment:

As part of the analysis, exam, and treatment, you the patient are consenting to the following procedures: spinal manipulation, decompression traction *(with X-rays), palpation, range of motion testing, leg length, orthopedic testing, basic neurological testing, vital signs, postural analysis testing, feet exam with 3D scan, trigger point therapy, rehab/ strengthening activities, instrument- assisted soft tissue mobilization, cold laser therapy.

_____ Patient initials

The material risks inherent in chiropractic adjustments:

As with any healthcare procedure, there are certain complications which may arise during spinal manipulation and therapy. The most common complaints are of stiffness/soreness after adjustment. Other complications may include, but are not limited to fractures, disc injury, dislocations, muscle strain, cervical myelopathy, costo-vertebral strain or separation. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. MCH w/ EC will make every reasonable effort (without x-rays) during the exam to screen for contraindications to care; however if you have a condition which would otherwise not come to MCH w/ EC's attention, it is your responsibility to inform MCH w/ EC.

_____ Patient initials

The probability of those risks occurring:

Fractures are rare occurrences and generally result from some underlying weakness of the bone which MCH w/ EC will check for during the taking your history and during exam. 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 of 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 a stroke.

_____ Patient initials

The availability and nature of other treatment options:

Other treatment options 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 choose to use one of the above noted "other treatments", you should be aware that there are risks and benefits with such options; it is up to you the patient, to discuss these with your primary medical physician.

_____ Patient initials