

Account # \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

### **Informed Consent for Treatment**

*Informed consent is the process or action that takes place as you learn about and consider a treatment before you agree to it. Most people prefer to have some questions answered before they can decide on a treatment plan that carries some risk for them.*

#### **General Information:**

Your doctor has reviewed your medical history, symptoms and performed an examination. From this information he has provided you with a diagnosis and discussed treatment options for your condition. Risks and benefits of available treatments have also been reviewed. It is your right to refuse all or part of your treatment at any point during the course of your care.

#### **Risk:**

The procedures offered at Fairfield Spine and Rehab Center, LLC that may be used during the course of your care include: manipulation of the spine (spinal adjustment) or extremities, intersegmental traction, physical therapy, electrical muscle stimulation, ultrasound, manual therapy such as deep tissue therapy, traction and exercise.

Chiropractic procedures listed above are considered very safe when appropriately utilizes. However, no medical or chiropractic treatment is without potential complication. Some of the complications (although uncommon) arising from chiropractic treatments may include: increased pain, muscle strain, ligament sprain, nerve irritation, ice burns or rarely fractures. Serious injury from treatment (spinal adjustments) is extremely rare but can occur if an underlying condition is not identified for any reason (i.e. patient withholds vital medical information or underlying disease process goes unidentified). *There is currently no conclusive scientific evidence supporting an increased risk of having a stroke as a direct result of a neck adjustment.*

Medical care by contrast may treat your condition with medication, injection therapy, and/or surgery. The risk for these procedures includes but is not limited to: adverse reaction/side effects from medication (stomach problems, liver problems, and kidney problems), loss of motion, chronic pain, infection, partial paralysis, nerve damage or even death. If you decide to do nothing for your condition you may increase your risk of developing a chronic condition, suffer condition that becomes irreversible and/or miss the finding other related or non-related conditions not initially identified.

*I understand that the doctor will keep me informed of my progress (or lack thereof) and may recommend modifications to the initial treatment plan to suit my best interest. I also understand that results of any treatment are not guaranteed and that all potential risk from a treatment cannot be eliminated. I have been given the opportunity to ask questions regarding my treatment before providing my informed consent. I intend this consent to apply to all present and future care. However, I do reserve the right to review my consent in the future and modify treatment as I deem necessary.*

Patient signature (or Legal Guardian) **X** \_\_\_\_\_

Print Name **X** \_\_\_\_\_ Date **X** \_\_\_\_\_