**Moresby Chiropractic**

**CONSENT TO CHIROPRACTIC CARE**

Chiropractic care has a very low risk profile, especially when compared with more invasive methods of spinal healthcare however, all forms of chiropractic treatment have the potential for adverse reactions in some people.

Please read the following carefully:

1. I acknowledge that I have discussed with Lyndon Andre the rare risks associated with my proposed care which include but are not limited to muscle and joint soreness or strains, nausea and dizziness, fractures, disc injuries including disc encroachments/ruptures, causing nerve irritation and referred symptoms, strokes (or like episodes) and an exacerbation and/or aggravation of my underlying condition. Such risks may result in outcomes such as referral, further tests, surgery, incapacity and the like.

1. I also acknowledge the following additional potential risks insofar as my proposed care is concerned have been explained to me.

Dry Needling Adverse effects (AE’s):

Over 20,494 Treatments   
 a. Minor: Bleeding 16.04%, Bruising/Hematoma 7.71%, Pain during needling 5.93%, pain after 2.72%, Aggravation of symptoms 1.52%, Drowsiness 0.93%, Feeling faint 0.78%, Headache 0.65%, Nausea 0.46%

b. Major (20 events, 0.01%): Prolonged aggravation of symptoms 0.3%, fainting 0.2%, forgotten needles 0.1%, flu like symptoms 0.009%, infection 0.009%, excessive bleeding 0.004%, lower limb weakness 0.004% and numbness 0.004%. Other major AE’s Pneumothorax, punctured organs, vomiting, convulsion, major skin reactions.

(Boyce, et al. Int J Sports Phys Ther. vol 15 Number 1 2020)

1. I have had the opportunity to discuss the proposed care with Lyndon Andre. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed chiropractic care and that I have been given sufficient time to make a decision giving consent for the care to proceed.

1. I acknowledge that I am aware of and understand the potential risks. I appreciate that results are not guaranteed.

1. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.

1. I hereby acknowledge my consent to the performance of the proposed chiropractic care by Lyndon Andre and/or any other chiropractor working in this clinic. I understand that I can withdraw consent at any time.

1. *In very rare circumstances, some treatments of the neck may damage a blood vessel and lead to stroke or related symptoms (****current statistics*** *eg between 1 in 2 million to 1 in 5.85 million Haldeman, et al. Spine vol 24-8 1999). Other possible risks include strain/injury to a ligament or a disc in the neck (****current statistics*** *eg less than 1 in 139,000) and the low back (****current statistics*** *eg 1 in 62,000 Dvorak study in Principles & Practice of Chiropractic, Haldeman 2nd Ed.). For some patients especially with bone weakening diseases, a fracture of a bone although rare is possible.”*

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Patient’s Signature

(Parent or Guardian to also sign if patient is under 18)

………………………………………………… ….…………………..…………………

Patient’s Name (printed) Chiropractor’s Signature

Dated:………………………

*(Updated 12th Aug 2021)*