

CONNECTICUTchiropractic

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT

Chiropractic care is a system of health care delivery. As with many health care disciplines, we cannot promise a cure for any symptom, disease or condition as a result of treatment. We will promise to give you our best to achieve a good health and well-being the natural way.

The doctor will primarily provide chiropractic adjustments or manipulations during your course of treatments. This is done with the use of his/her hands and/or a mechanical device upon your body in order to move your joints in certain directions. This procedure may cause a “pop” or “click” to be heard from the area treated and should not be a cause for alarm. There are some material risks involved in these procedures and include:

1. Pain: Treatment may result in temporary increased soreness in the area treated.
2. Rib Fractures: These are rare and may occur in patients with osteoporosis or weakened bones. Evidence of osteoporosis or weakened bones may be noted on x-ray. If detected, treatment is modified to assure gentle and effective adjustment is provided. Gentle treatment is applied to all patients. Specialized care is provided to young, frail and elderly individuals.
3. Disc injury: Chiropractic treatment is appropriate for many types of spinal related conditions, including disc conditions. Occasionally, treatment may aggravate a problem if the disc is in a severely weakened state. This occurs so rarely that statistics to quantify the probability are unavailable, but estimates place the risk of serious injury at one per 100 million spinal manipulations.
4. Stroke: The incidence of stroke in the general population is 2 per 1000 people. Manipulation of the neck has been implicated as a cause for stroke in the past. Upon review of the literature and data, the incidence is one per five million manipulations. Usually, the type of manipulation is violent, not specific to the area requiring treatment and delivered by a non-chiropractic provider. In comparison, the risk of death from taking non-steroidal and anti-inflammatory drugs (aspirin, ibuprofen, naproxen, etc.) is 4 per 100,000 patients. The risk of serious complications or death from spinal surgery of the back is 11.25 per 1000 patients. The risk of chiropractic treatment is far less than the risk of medical and surgical treatment. Even though the risk of injury is very low, we include the procedures and tests that may help us reduce the potential for stroke or other complications.
5. _____

I (We) _____ hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me or on _____ by _____ and/or other licensed doctors of chiropractic or other health care providers who may be employed by or engaged in practice of their respective discipline of the office of **CT Chiropractic, Family Wellness Center.**

I have had an opportunity to discuss with the doctor, or other clinic personnel, the nature and purpose of chiropractic adjustments and other procedures. I understand that the practice of neither chiropractic nor medicine is an exact science and that my care may involve the making of judgments based upon the facts known to the doctor at the time; that it is not reasonable to expect the doctor to be able to anticipate or explain all risks and complications: that an undesirable result does not necessarily indicate an error in judgment, that no guarantee as to results has been made to nor relied upon by me, and I wish to rely on the doctor to exercise judgment during the course of the procedure which he/she feels at the time, based upon the facts then known, is in my best interests.

I have been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know the possible hazards and complications which may be encountered or result. These include, but are not limited to, fractures, disc injuries, strokes, dislocations and sprains, and which may be related to physical aberrations unknown to or reasonably undetectable by the doctor.

I have read or have had read to me the above Consent. I have also had an opportunity to ask questions about its content, and by signing below, agree to the named procedures.

Witness Name	/	Witness Signature	/	Patient's Name	/	Patient's Signature
Date				Parent / Guardian Name		Parent / Guardian Signature

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HIV RELATED INFORMATION

In the event that information released constitutes confidential HIV related information protected under Connecticut Law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

PSYCHIATRIC INFORMATION

In the event that information released constitutes confidential psychiatric information protected under Connecticut Law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it or of using it for any purpose other than that indicated above without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law.

DRUG AND ALCOHOL ABUSE RECORDS

In the event that information released is protected by HHS Confidentiality of Alcohol and Drug Abuse Patient Records Regulations: This information has been disclosed to you from records protected under Federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.