



585-223-2610

INFORMED CONSENT

Chiropractic, as well as other types of health care, is associated with potential risks in the delivery of treatment. Therefore, it is necessary to inform the patient of such risks prior to initiating care. While chiropractic treatment is remarkably safe, you need to be informed about potential risks related to your care to allow you to be fully informed in consenting to treatment.

Specific Risk Possibilities Associated with Chiropractic Care are:

Stroke: Stroke is the most serious complications of Chiropractic treatment. It is extremely rare. Vertebral arteries, which supply the brain with blood, are located within the bones of the upper spine. Therefore, cervical adjustment poses a small risk for stroke, which is temporary or permanent brain dysfunction. Recent studies estimate the risk of stroke to be one in every three million upper cervical spinal adjustments. The risk of a fatal stroke following a cervical spinal adjustment is 0.00025%. As a comparison, the risk of death from NSAID's (aspirin, ibuprofen, naprosyn, etc.) is 0.04%. In other words the risk of death or serious complications is 100-400 times greater for the use of NSAID's than for the use of cervical manipulation.

Soreness: Chiropractic adjustments are sometimes accompanied with post treatment soreness. This is normal, but please advise your doctor of chiropractic soreness.

Soft Tissue Injury: Occasionally, chiropractic treatment may aggravate a disc injury or cause a minor joint, ligament, tendon, or other soft tissue injury.

Rib Injury: Manual adjustments to the thoracic spine, in rare cases, may cause rib injury or fracture. Precautions such as pre- adjustments x-rays are taken in cases considered at risk. Treatment is performed carefully to minimize such risk.

Chiropractic is a system of health care delivery and therefore, as with any healthcare delivery system, we cannot promise a cure for any systems, conditions, or disease. An attempt to provide the best chiropractic care I our goal, and if results are not successful, we will refer you to another health care provider. If you have any questions, please ask your doctor of chiropractic.

Having carefully read the above, I herby give my informed consent to have chiropractic treatment administered.

Patient's Printed Name

Today's Date

Patient's Signature

Parent/Guardian Signature if Minor