

## INFORMED CONSENT

Chiropractic, as well as many 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 the potential risks related to your care to allow you to be fully informed before consenting to treatment.

### **Specific Risk Possibilities Associated with Chiropractic Care:**

**Soreness** – Chiropractic adjustments and physical therapy procedures are sometimes accompanied by post treatment soreness. This is a normal and acceptable accompanying response to chiropractic care and physical therapy. While it is not generally dangerous, please advise your doctor if you experience soreness or discomfort.

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

**Physical Therapy Burns** – heat generated by physical therapy modalities may cause minor burns to the skin. These are rare, but if it occurs you should report it to you doctor, or a staff member at New Tampa Chiropractic and Injury Center.

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

**Stroke** – Stroke is the most serious complication of chiropractic treatment. The most recent studies (Journal of the CAA, Vol. 37 No. 2, June 1993) estimated that the incidence of this type of stroke is 1 in every 3 million upper cervical adjustments.

**Other Problems** – There are occasionally other types of side effects associated with chiropractic care. While these are rare, they should be reported to your doctor promptly.

Chiropractic is a system of health care delivery and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition or disease as a result of treatment in this office. An attempt to provide you with the very best care is our goal and if the results are not acceptable, we will refer you to another provider whom we feel can further assist you.

If you have any questions concerning this form or the above statements, please ask your doctor.

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

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Patient Signature

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Date

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Parent/Legal Guardian Signature