

Informed Consent for Chiropractic Care

We encourage and support a **shared decision making process** between us regarding your health needs. As a part of that process you have a right to be informed about the condition of your health and the recommended care and treatment to be provided to you so that you can make the decision whether or not to undergo such care with full knowledge of the known risks. This information is intended to make you better informed in order that you can knowledgeably give or withhold your consent.

Chiropractic is based on the science which concerns itself with the relationship between structures (primarily the spine) and function (primarily of the nervous system) and how this relationship can affect the restoration and **preservation of health**.

A chiropractic examination will be performed which may include spinal and physical examination, orthopedic and neurological testing, palpation, specialized instrumentation, and radiological examination (x-rays) if needed.

Subluxation is a disturbance to the nervous system and is a condition where one or more vertebra in the spine is misaligned and/or does not move properly causing interference and/or irritation to the nervous system. The primary goal in chiropractic care is the **removal and/or reduction of nerve interference** caused by subluxation.

Adjustments are made by chiropractors in order to **correct or reduce** spinal and extremity joint subluxations. The chiropractic adjustment is the application of a precise movement and/or force into the spine in order to reduce or correct vertebral subluxation(s). There are a number of different methods or techniques by which the chiropractic adjustment is delivered but are typically delivered by hand. Some may require the use of an instrument or other specialized equipment. Among other things, chiropractic care may reduce pain, increase mobility and improve quality of life.

In addition to the benefits of chiropractic care and treatment, one should also be aware of the existence of some risks and limitations of this care. The risks are seldom high enough to contraindicate care and all health care procedures have some risk associated with them. Risks associated with some chiropractic treatment may include soreness, musculoskeletal sprain/strain, and fracture.

By signing below, you acknowledge that you have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the risks of care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments will be explained, including the risks, consequences and probable effectiveness of each, upon request. You will be advised of the possible consequences if no care is received. This office makes no guarantees concerning the results of the care and treatment that we offer.

I HAVE READ THE ABOVE PARAGRAPH. I UNDERSTAND THE INFORMATION PROVIDED. ALL QUESTIONS I HAVE ABOUT THIS INFORMATION HAVE BEEN ANSWERED TO MY SATISFACTION. HAVING THIS KNOWLEDGE, I WILLINGLY AUTHORIZE NETWORK CHIROPRACTIC WELLNESS CENTER & BJORN BOSTROM, DC TO PROCEED WITH CHIROPRACTIC EXAMINATION AND CARE.

Print Patient Name

Date

Patient Signature

Doctor Signature

Parental Consent for Minor Patient

I give permission for the above named minor patient to be managed by the doctor, in and/or out of my presence.

Signature

Relationship to Patient