

Chiropractic /Acupuncture/ Nutrition/Rehabilitation

Informed Consent

Chiropractic and Oriental medical health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body the maximum opportunity to utilize its inherent recuperative powers. The success of the procedures often depends on the environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from Chiropractic/Oriental health care services.

The objective of chiropractic is to remove a type of nerve interference that can occur from time to time in the human being known as vertebral subluxation.

Subluxations are small misalignment of the vertebrae that make up the human back bone. These misalignments can cause a disturbance to nerve function which in turn causes malfunction to the transmission of mental impulses. This can then present a problem for the body to be able to maintain health naturally.

A chiropractic adjustment is a specific manual force (done by hand) which helps the body to bring about a correction of the vertebral subluxation. Our goal is to correct vertebral subluxations by making specific adjustments to the spine when such conditions are detected by a careful examination.

The objective of acupuncture is to correct and restore energy or “chi” imbalances in the body. By restoring the flow of Chi energy, the body can repair itself. To do this, the doctor will stimulate specific points along the meridians, called acupoints, with hair-fine acupuncture needles or light pressure. This stimulation helps re-balance and encourage the stronger flow of Chi, which is necessary for the body to repair itself and also for the body to maintain itself.

The objective of nutrition evaluation is to provide specific recommendations on nutritional supplements and healthy food choices to enhance our patient’s return to optimal health

The objective of rehabilitation is to improve physical functioning through a variety of stretches, exercises, and techniques. Components of movement are carefully evaluated such as strength, range of motion, flexibility, balance, posture, body mechanics, coordination, endurance, and general mobility

Doctors of chiropractic do not treat diseases, as this is not the objective of our profession. If you would like to consult a practitioner that specializes in the diagnosis or treatment of a specific ailment we recommend that you make an appointment with such a specialist.

I hereby request and consent to the performance of chiropractic adjustments and other procedures including various modes of physiotherapy (such as muscle stim, ultrasound, cold laser, thermal/cryo therapy, Graston, kinesiotherapy, etc...), rehabilitation, acupuncture, nutritional adjustment and diagnostic x-rays on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic at the **Spinal Wellness Chiropractic(SWC)** and /or other licensed doctors of chiropractic who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor of chiropractic at the SWC, including those working at the clinic or office listed here or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the doctor of chiropractic at SWC and/or with other office of clinic personnel the nature and purpose of chiropractic adjustments and procedures. **I understand that results are not guaranteed.**

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic, acupuncture, nutrition counseling and rehabilitation, there are some risks to treatment, including, but not limited to, abortion, fractures, disc injuries, strokes, dislocations, hematoma, minor burns, electric shock, sprains, and some adverse effects from taking herbs or nutritional supplements. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts known, is in my best interests.

I have read, or I have had read to me, the above consent. I have also had and opportunities to ask questions about its content, and by signing below I agree to the above-named procedures. **I intent this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.**

Please discuss any questions or problems with the Doctor before signing this statement of policy.

Patient's Signature: _____ **Date:** _____

Consent to treat a minor: _____ **Date:** _____

Guardian or Spouse's Signature of Authorizing Care: _____ **Date:** _____