
Informed Consent for Chiropractic Care

Chiropractic Care, like all forms of healthcare, while offering considerable benefit may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition and rarely, fractures. There are reported cases of stroke associated with visits to medical doctors as well as chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; recent studies indicate that patients may be medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there may be a stroke already in process. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustments is extremely remote.

Prior to receiving chiropractic care in this office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spinal health. These procedures will assist us in determining if chiropractic care is needed or if any examinations/studies are needed before treatment. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another healthcare professional. All relevant findings will be reported to you along with a care plan to help you become healthier prior to beginning care.

I understand and accept that there are risks associated with chiropractic care and give my consent to the examinations that Dr. Gottlieb deems necessary, as well as to the chiropractic care including spinal adjustments and other modalities as Dr. Gottlieb reports following my assessment.

Patient Name (Printed)

Relationship to Patient

Patient or Legal Guardian Signature

Date

Office staff signature