

Informed Consent to Chiropractic Treatment

The practice of chiropractic is the application of chiropractic science in the adjustment of the spinal column, skeletal articulations, and adjacent tissue. This includes diagnosis and analysis to determine the existence of spinal subluxation and associated nerve energy expression. The doctor will establish a chiropractic program which includes, but is not limited to, chiropractic adjustments, exercise, lifestyle changes, nutrition, and other wellness oriented activities.

The risks of complications due to chiropractic care have been described as “rare”. As in any health care procedure, there are possible risks. Muscle and ligament strain is the most common complaint following chiropractic care. In patients who are elderly and exhibit bone mineral loss, an occasional rib fracture may occur. The least common occurring complication is stroke. It is estimated the risk for this problem to be 1 in 3 million per chiropractic adjustment, which statistically is less frequent than that of spontaneous stroke occurring in the general public. You can be comforted by the fact that serious injury is so infrequent that the average malpractice premium for chiropractors is less than \$3,000 annually, compared to tens of thousands of dollars for traditional medical specialists.

Financial Policy for Major Medical Patients

Thank you for trusting us with your health. We will do everything we can to assist you in getting and staying well. The following policies are established so that we can provide you with the best possible service.

Our office hours are Mondays, Wednesdays, and Fridays from 8am -12pm and 2pm - 6pm and Tuesdays and Saturdays from 8am – 10am. Emergency care is available by calling our office.

Please make every effort to maintain your appointments and your schedule of care. Our staff will try to reschedule you as soon as possible to make up any missed treatment so that you can stay on your schedule of care. Please call if you are going to miss your appointment time so we can make this time available to others.

We want you to be an informed partner in your health care. Please ask any questions that you may have. We loan out educational books and videos and also offer informational classes (watch for times and dates to be posted in our office).

Our office is built on referrals from our patients and our friends. Your referrals are always welcome. With each new patient referral, our office will thank you with a complimentary adjustment. Please look for your card in the mail.

Most major medical policies are covered here in our office. As a courtesy, we will verify your insurance benefits. This will be done after your first visit. You will be given a quotation of your anticipated insurance benefits, but this is not a guarantee. All co-pays are due at the time services are rendered. Patient balances may be subject to change due to the unpredictability of insurance payments. You will be 100% responsible for any unpaid balances by your insurance company.

I have read the explanation above of chiropractic treatment and the financial policy. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment for myself (or my child), and hereby give my full consent to treatment.

Printed Name _____

Patient/Guardian Signature _____

Date _____