

Oro Valley Chiropractic

10550 N. La Canada Dr. Suite 130

Tucson, AZ 85737

Phone: 520-544-2445, Fax: 520-544-0452

INFORMED CONSENT FOR CHIROPRACTIC CARE

Current standards set for Health Care Professionals, require that we inform patients in advance that risks do exist in manual therapy treatment whether they are performed by Chiropractic Doctors, Medical or Osteopathic Doctors or Physiotherapists.

The Nature of Chiropractic Treatment

Manipulation: The doctor will use his hands, a drop table, or a mechanical device to accomplish movement of your joints.

Muscular Release: The doctor will use his hands and fingers to stretch, stimulate, separate and release muscular spasm or adhesions.

Physiotherapy and Traction: Various ancillary procedures such as traction, electrical stimulation, therapeutic ultrasound, moist heat and or ice may also be used.

Possible Risks:

Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocation of joints, injury to intervertebral discs and/or nerve structures. The risk of these complications is rare.

Manual Therapy for neck problems, in rare cases, has been associated with injury to the vertebral artery, which may cause neurological injury, stroke, or death. The chances of such injury occurring are extremely remote, in excess of one per million treatments. A minority of patients may notice stiffness or soreness after the first few days of treatment. Deep muscular release could result in local bruising. The ancillary procedures could produce skin irritation, a blister or a minor complication.

Unusual risks: I have had the following unusual risks of my case explained to me if any.

I have read the explanation of chiropractic treatment. 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, and hereby give my full consent to treatment.

Patient Name (Print name)
Date

Signature (Parent If Patient Is a Minor)

Date

Witness (Print name)

Signature

Date