

Total Health Chiropractic

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Informed Consent for Chiropractic Care

A patient in coming to the doctor of chiropractic gives the doctor permission and authority to care for the patient in accordance with chiropractic tests, diagnosis and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. While the risk of injury from chiropractic care is extremely low you may experience some all or none of the following symptoms: headache, stiffness, pain, or in extremely rare cases damage to blood vessels. The best estimate of the most noteworthy negative effects is in the range of 1 in 3 million to 10 million adjustments rendered. The doctor, of course will not give the chiropractic adjustment, or health care if he is aware that such care may be contraindicated. Acupuncture may pose a minute risk of infection.

It is the responsibility of the patient to make known what he/she are suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the physician. The patient should look to the correct specialist for the proper diagnostic or clinical procedures. The doctor of chiropractic provides a specialized, non duplicating health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

Results

The goal of chiropractic care is to promote natural health for the reduction of the VSS or VSC. Since there are so many variables it is difficult to predict the time schedule or efficacy of the chiropractic procedures. Sometimes the response is phenomenal, in most cases there is a gradual but satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, we must admit that conditions which did not respond chiropractic care may come under the control or be helped through medical science. The fact is that the science of chiropractic medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain control of disease.

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

I have read understand and agree to the foregoing.

Signature Date

Cancellation Policy

We make every effort to respect your time by staying on time and we request the same from you. We reserve the right to charge for missed appointments when no notice is given. We understand that life is busy but request that you call to reschedule if you cannot make your appointment. Please initial ____.

Appointments for **massage therapy require 24 hours notice for cancellation.** Missed appoints **WILL** be charged. Please initial ____.

Consent to Treat a Minor

Permission is hereby given by me to the doctor(s) of this office and whomever they designate to treat the patient. I am his/her legal guardian.

Guardian Signature Date Witness Signature

Pregnancy Waiver

I hereby Certify that I am not Pregnant nor do I have reason to believe that I am pregnant at this time.

Patient Signature Date