

DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC

INFORMED CONSENT

CHIROPRACTIC

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

ANALYSIS

A doctor of chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Syndrome (VSS) or Vertebral Subluxation Complexes (VSC). When such VSS and VSC complexes are found chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although doctors of chiropractic are experts in chiropractic diagnosis, the VSS and VSC, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your doctor of chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

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 the 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. The doctor, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the doctor of chiropractic. The patient should look to the correct specialist for the proper diagnostic and 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 purpose of chiropractic services is to promote natural health through the reduction of 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 more gradual, but quite 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 do not respond to chiropractic care may come under the control or be helped through medical science. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

TO THE PATIENT

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

I have read, and understand the foregoing.

Signature

Date

Informed Consent Form

Please answer the following questions to help us determine possible risk factors:

| QUESTION | YES | NO | DOCTOR COMMENTS |
|---|--------------------------|--------------------------|-----------------|
| GENERAL | | | |
| Have you ever had an adverse (i.e. bad) reaction to or following chiropractic care? | <input type="checkbox"/> | <input type="checkbox"/> | |
| BONE WEAKNESS | | | |
| Have you been diagnosed with osteoporosis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you take corticosteroids (e.g. prednisone)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you been diagnosed with a compression fracture(s) of the spine? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever been diagnosed with cancer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you have any metal implants? | <input type="checkbox"/> | <input type="checkbox"/> | |
| VASCULAR WEAKNESS | | | |
| Do you take aspirin or other pain medication on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, about how much do you take daily? _____ | | | |
| Do you take warfarin (coumadin), heparin, or other similar "blood thinners"? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever been diagnosed with any of the following disorders/diseases? | | | |
| • Rheumatoid arthritis | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Reiter's syndrome, ankylosing spondylitis, or psoriatic arthritis | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Giant cell arteritis (temporal arteritis) | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Osteogenesis imperfecta | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Ligament hypermobility such as with Marfan's disease, Ehlers-Danlos syndrome | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Medial cystic necrosis (cystic mucoid degeneration) | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Bechet's disease | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Fibromuscular dysplasia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever become dizzy or lost consciousness when turning your head? | <input type="checkbox"/> | <input type="checkbox"/> | |
| SPINAL COMPROMISE OR INSTABILITY | | | |
| Have you had spinal surgery? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, when? _____ | | | |
| Have you been diagnosed with spinal stenosis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you been diagnosed with spondylolisthesis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you had any of the following problems? | | | |
| • Sudden weakness in the arms or legs? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Numbness in the genital area? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Recent inability to urinate or lack of control when urinating? | <input type="checkbox"/> | <input type="checkbox"/> | |

I have read the previous information regarding risks of chiropractic care and my doctor has explained my risks (if any) to me and suggested alternatives when those risks exist. I understand the purpose of my care and have been given an explanation of the treatment, the frequency of care, and alternatives to this care. All of my questions have been answered to my satisfaction. I agree to this plan of care understanding any perceived risk(s) and alternatives to this care.

PATIENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

DOCTOR SIGNATURE _____

DATE _____