

INFORMED CONSENT

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 conservative means. 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 us 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. Consultations with different healthcare disciplines when needed an integral part of patient care.

INFORMED CONSENT FOR REHABILITATION

EXPLANATION OF THE EXERCISE PROGRAM

Your exercise program will involve progressive resistance exercises (PRE) as well as conditioning exercises. PRE utilizes mechanical weights or bands to provide a physiological overload to the muscle and joint structures. As you get stronger, the resistance will increase so that a training stimulus is maintained.

Your exercise program will be demonstrated and explained by a doctor or exercise physiologist.

RISKS AND DISCOMFORTS

There exists the possibility that certain normal physiological changes as a result of exercise may be uncomfortable. They include (but are not limited to) immediate and/or delayed muscle soreness, fatigue, rapid breathing, and rapid heart rate.

There also exists the possibility of certain abnormal and possibly dangerous changes may take place as a result of exercise. Every effort will be made to minimize these through preliminary examination and by observations during exercise.

BENEFITS TO BE EXPECTED

You can expect to experience increased in stamina and strength, return of function to injured joints and muscles and decreased risk of injury during normal daily activities.

FREEDOM OF CONSENT

I have read this form and I understand the procedures that I will perform. I consent to participation in this program.

Signature of Patient

Witness

Date

Date