

Dr. Finnell _____ Dr. Lyon _____

CONSENT TO TREAT/ TERMS OF ACCEPTANCE

PATIENT NAME: _____ **DATE** _____

The primary treatment used by doctors of chiropractic is the spinal adjustment. We will use that procedure to treat you.

• **THE NATURE OF THE CHIROPRACTIC ADJUSTMENT:**

We will use our hands or a mechanical device upon your body in such a way as to move your joints. That may cause an audible “pop” or “click”, much as you experience when your “crack” your knuckles. You may feel or sense movement.

• **THE MATERIAL RISKS INHERENT IN CHIROPRACTIC ADJUSTMENTS:**

As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include: fracture, disc injuries, dislocations and muscle strain, Horner’s syndrome, diaphragmatic paralysis, cervical myelopathy and the costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications, including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

• **THE PROBABILITY OF THOSE RISKS OCCURING:**

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during the examination and x-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one (1) prominent authority saying that there is at most, one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examinations which are designed to identify if you may be susceptible to that kind of injury. The other mentioned complications are also generally described as “rare”.

• **THE RISKS AND DANGERS ATTENDANT TO REMAINING UNTREATED:**

Remaining untreated allows the formation of adhesions and reduces mobility, which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective, the longer it is postponed. The probability that non-treatment will complicate later rehabilitation is very high.

- When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both patient and doctor to be working toward the same objective. Chiropractic has but one goal and it is important that each patient understands both the objective and the method that will be used to attain it; this will prevent confusion and disappointment.
- An adjustment is the specific application of focus to facilitate the body’s correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine. Health is the state of optimal physical, mental and social well-being; not merely the absence of disease or infirmity.
- Vertebral subluxation is a misalignment of one or more of the 24 movable vertebrae in the spinal column which causes alteration of the nerve function and interference of the body’s ability to heal and regulate itself.
- We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxation or neuro-musculoskeletal conditions. However, if during the course of the examination, we encounter non-chiropractic or unusual findings, we will advise you of such things. If you desire advice, diagnosis and/or treatment for those findings, we will recommend that you seek the services of the appropriate health care provider. Regardless of what the disease is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate interference to the expression of the body’s innate wisdom.

- DO NOT SIGN UNTIL YOU HAVE FULLY READ AND UNDERSTAND THE ABOVE INFORMATION -

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with a doctor from Finnell Chiropractic and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risk involved in undergoing treatment and have “myself” decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Printed Name _____

Date _____

Signature _____

Signature of Parent or Guardian _____