

DAVIS CHIROPRACTIC

CONSENT TO PROCEED WITH CHIROPRACTIC CARE

Please read this form.

**Once you have discussed any concerns/questions with your chiropractor,
please sign and date the form.**

**This form gives consent to proceed with care to all chiropractors consulting from
Davis Chiropractic - 7 Morphett Road, Camden Park SA 5038**

There are risks associated with all health care procedures.

As with all forms of health care, there are risks associated with chiropractic adjustments. Whilst rare, the risks associated with your treatment are described below. Every care is taken via a thorough history and physical examination to determine if you are at risk and appropriate referral is granted where deemed necessary.

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and lower back pain than medication and many other alternatives (*A risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993*).

In extremely rare circumstances, damaged or diseased blood vessels respond poorly to manipulation giving rise to stroke or stroke like symptoms (approx. 1 in 5.85million neck manipulations – *Haldeman et al. Spine vol. 24-8 1999*). Whilst this has never occurred in this practice, we are still required to warn patients. Screening tests are performed as a part of your clinical evaluation to further minimise risk.

Other slight risks include strain/ injury to a ligament or disc in the neck (less than 1 in 139,000) or the lower back (1 in 62,000). [*Dvorak study in Principles and Practice of Chiropractic, Haldeman 2nd edition*]. These types of injuries can result in muscle and joint soreness, nausea, dizziness or an exacerbation / aggravation of the underlying condition.

Please note that there may be a considerable degree of variation in individual patient response and that results cannot be guaranteed.

I have had an opportunity to discuss with the chiropractor any concerns regarding care/treatment and give consent to Chiropractors consulting from Davis Chiropractic to proceed with care/treatment.

I understand that I may withdraw my consent in writing at any time.

Patient's name (print): _____

Patient's/Guardian's Signature: _____ **Date:** _____

**If guardian, please state relationship to child/patient:
mother/father/other & your name** _____

Chiropractor's signature: _____ **Date:** _____