

## INFORMED CONSENT

Dr. Francine Finucan

Medical doctors, Chiropractic doctors, osteopaths and physical therapists who perform manipulation are required by law to obtain your "informed consent" before starting treatment.

Although spinal and extremity manipulation/adjustment is considered to be of the safest, most effective forms of therapy for musculoskeletal problems, there are possible risks and complications associated with these procedures as follows:

**Soreness/Bruising:** I am aware that it is common, as in exercise, to experience muscle soreness and occasionally bruising after the first few treatments.

**Dizziness:** Temporary symptoms like dizziness and nausea can occur but are relatively rare.

**Fracture/Joint Injury:** I further understand that in isolated cases, underlying physical defects, deformities or other abnormality such as weak bones from osteoporosis, the patient may be susceptible to injury. When osteoporosis, degenerative disc or other abnormality is detected, this office will proceed with extra caution and will use non-thrusting adjusting methods.

**Stroke:** Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are extremely rare. Nerve or brain damage including stroke is reported to occur only once in ten million treatments.

Tests and exams will be performed to minimize the risk of any complication and I freely assume these risks.

## TREATMENT RESULTS

I understand that there are beneficial effects associated with chiropractic procedures including decreased pain, improved mobility and function and reduced muscle spasm. However, I realize the practice of medicine, including chiropractic, is not an exact science and I acknowledge no guarantee has been made to me regarding the outcome of these procedures. I understand in many cases, chiropractic procedures may result in cessation of pain when an injury is addressed in a timely manner. I also understand, when an injury has been left untreated for an extended period of time, muscles, joints and ligaments may, after the first adjustment, revert to the injured position. More time, patience and treatment may be necessary to "encourage" these adjustments to remain in the proper alignment. This allows the body's innate healing ability to begin. I agree to the performance of these procedures by my doctor.

*Please inform us if you are in a rush or have a time constraint. If you are the next patient waiting and the doctor is running a few minutes late, please understand you will be offered the same time and consideration if and when needed.*

I have read the above explanation of chiropractic treatment. Any questions I have had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.

I, \_\_\_\_\_, do hereby give my consent to the performance of conservative, non-invasive treatment to the joint and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving movements of the joints and soft tissues.

To attest to my consent of these procedures, I hereby affix my signature to this authorization for treatment.

\_\_\_\_\_ Signature of Patient Date \_\_\_\_\_

\_\_\_\_\_ Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_ Signature of Witness (if a minor) Date \_\_\_\_\_