



Chiropractic HEALTH & WELLNESS CENTER

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Informed Consent to Chiropractic Treatment

Patient Name (Print): _____ DOB: _____

The Nature of Chiropractic Treatment

Chiropractors gently move the bones of the spine back into place which improves joint and muscle function, reduces nerve irritation or pressure aiding the body in its natural healing process. CHWC offers multiple treatment techniques including, but not limited to: ***range of motion testing, orthopedic testing, muscle strength testing, postural analysis, ultrasound, heat/cold therapy, cold laser and electric muscle stimulation.***

Benefits of Chiropractic Treatment

Many or most patients will feel improvement in motion, decreased muscle and joint pain and improved well-being after a series of chiropractic adjustments.

Possible Risks

As with any health care procedure, complications are possible following chiropractic treatment. Complications could conceivably include muscular strain, ligamentous sprain, dislocations of joints, fracture of bone, or injury to intervertebral discs, nerves, or spinal cord. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns, or other minor complications. X-rays produce ionizing radiation. There are reported cases of stroke associated with visits to medical doctors and chiropractors. The best quality scientific evidence does not establish a cause-and-effect relationship between chiropractic treatment and the occurrence of stroke; rather, it indicates that patients may be consulting medical doctors and/or chiropractors for symptoms of headache and neck pain when they are in the early stages of a stroke. The risks of complications due to chiropractic treatment have been described as "rare" to "extremely rare".

Risks of Remaining Untreated

Delay of treatment allows for formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delaying treatment will complicate the condition and make future rehabilitation more difficult.

Other Possible Treatment Options (not provided at CHWC)

1. Over-the-counter analgesics. The risks of these medications include irritation to the stomach, liver, and kidneys, increased cardiovascular risk, and other side effects in a significant number of cases.
2. Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these prescription drugs include all side effects as above, plus patient dependence in a significant number of cases.
3. Hospitalization, in conjunction with medical care, adds additional risk of exposure to medical error, infection, and other complications in a significant number of cases.
4. Surgery, in conjunction with medical care, adds the risks of adverse reactions to anesthesia as well as an extended convalescent period in a significant number of cases.

Continued

Policies and Authorizations

Consent

_____ Having been informed of the risks, I hereby request and consent to the performance of chiropractic treatments and therapies including various forms of physical therapy and diagnostic x-rays if deemed appropriate. This consent is extended to licensed chiropractic physicians and chiropractic assistants who are now or in the future, employed or associated with this office. I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely upon the doctor to exercise his/her educated judgment to administer treatment as deemed appropriate. I have the right to discuss the nature, purpose and risks of chiropractic treatments and other recommended procedures. I also understand that specific results are not guaranteed.

Consent to evaluate and adjust a minor child:

I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent, Policies, and Authorization, and hereby grant permission for my child to receive chiropractic care.

HIPAA Privacy Law

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review and secure a copy of the Notice before signing this consent. We reserve the right to change our privacy practices as described in our Notice. If changes are made, we will issue a revised Notice of Privacy Practices reflecting such changes. Those changes may apply to any of your protected health information that we maintain.

_____ By initialing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. CHWC provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I acknowledge that I have been provided or offered a Notice of Privacy Practices from Chiropractic Health and Wellness Center.

_____ I consent to your use and disclosure to the following persons, including those involved in my care or payment for that care: _____

Patient (Guardian) Signature: _____ **Date:** _____

Name (Print): _____ **Relationship to Patient:** _____