Informed Consent For Chiropractic Treatment

The purpose of this document is to inform you of some of the risks associated with chiropractic treatment and physiotherapy, so that you can make an informed decision on whether to choose this conservative form of treatment. The choice to undergo chiropractic treatment is your independent decision; you should weigh the potential risks and benefits of chiropractic treatment and come to an informed decision.

This document is only one part of the process of informing you of the risks of chiropractic treatment. It is not, by any means, the only part of the information process. We strongly encourage you to ask any and all questions and to satisfy all your informational needs prior to your decision to undergoing treatment. We also encourage you to discuss your decision on treatment with any healthcare provider not affiliated with Isaacson Natural Health, P.A., including any physicians you routinely work with.

You should be clear that Seth D. Isaacson, DC is not a medical doctor. As a chiropractor at Isaacson Natural Health, P.A. he will not provide you prescriptions or advise you regarding the use of drugs. All changes to prescription medications should be done by either your prescribing physician or other authorized physician.

There are risks to any therapy or treatment and chiropractic treatment is no exception. Any therapy that involves the use of physical contact and manual therapy could result in the aggravation of an existing problem or the creation of new problems. It is not uncommon to experience some discomfort during and after treatment. Increased soreness is common for the first 24-48 hours after treatment as a result of increased range of motion and increased mobility resulting in the stretching of shortened tissues, in rare instances, this residual pain could last longer than 48 hours or indefinitely. This can be an unpleasant part of the healing process and if residual discomfort does not begin to resolve in 48 hours of treatment, you should inform us so that we can advise you.

We cannot, and do not, guarantee that chiropractic treatment will resolve the health condition that you are seeking to improve. Most responsive conditions will begin to show improvement with just a few treatments. Please let us know if you are not responding to our treatment so that we can refer you for appropriate additional evaluation or an alternative treatment approach.

You should also know that there are alternatives to chiropractic treatment, which you are welcome to discuss with any medical doctor or doctor of chiropractic or other healthcare provider not affiliated with Isaacson Natural Health, P.A. Other doctors or healthcare providers may have other alternatives to chiropractic treatment and you are encouraged to consult with them.

Serious complications associated with chiropractic treatment are very rare. These complications include the following: Firstly, there have been reports of cerebral vascular accidents (i.e. strokes) associated with chiropractic manipulation of the neck. Although the incidence of this is extremely rare (less than one per one million treatments) it is at least a reported risk. When an individual is having a stroke,

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severe neck and or head pain may accompany this process. This process is often described as the worst pain ever experienced. Secondly, any force, (even sneezing) can cause a rib or spinal column fracture and that is an extremely unusual, but possible complication from manipulation. Thirdly, any force, including a chiropractic adjustment can cause soft tissue damage (i.e. a sprain or strain). Fourthly, burns from hot packs, ultrasound or ice could also occur. Do not hesitate to speak up or discontinue treatment immediately should unusual discomfort occur. Therapies can be modified to stay within your personal tolerance.

One of the procedures used by chiropractors and used at Isaacson Natural Health, P.A., on some patients, is deep myofascial release work. This involves the use of hands or other instruments to release adhesions in the muscles, ligaments and tendons. This optional procedure can be very effective at resolving chronic problems but is often mild to moderately uncomfortable and may result in bruising which can occur during the release of scar tissue and adhesions. In some cases a “break-out” can occur that although generally not overly painful can be associated with dramatic bruising.

Please inform the doctor of any change in your condition including pregnancy, new injury or trauma, motor vehicle or other accident, fall, or change in health condition including pain that wakes you at night, changes in bowel or bladder function, slurred speech, visual changes or weakness, etc. The quality of our advice and treatment is limited by the completeness and the accuracy of the information you provide us.

It is important that you inform the chiropractor about all medications that you are taking as some medications will make the reaction to treatment more severe.

The doctor will provide you recommendations regarding treatment frequency but it is your responsibility to schedule and or reschedule your appointments.

Please be clear that you can decide not to receive any or all of the recommended treatment, or discontinue treatment at any time. Do not hesitate to request modification of any treatment at any time. Simply inform us of your desire, so that we can implement that decision and advise you.

I, THE UNDERSIGNED, HAVE BEEN INFORMED OF, AND UNDERSTAND, THE NATURE, RISKS, AND POSSIBLE COMPLICATIONS AND CONSEQUENCES OF CHIROPRACTIC TREATMENT AND PHYSIOTHERAPY. BY MY SIGNATURE BELOW, I CHOOSE AND CONSENT TO UNDERTAKE CHIROPRACTIC TREATMENT. I HAVE BEEN ENCOURAGED TO ASK QUESTIONS AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED. I HAVE NEVER ASKED FOR NOR RECEIVED ANY GUARANTEES OR PROMISES FROM ANYONE AT ISAACSON NATURAL HEALTH, P.A. AS TO THE RESULTS WHICH WILL BE OBTAINED. THIS INFORMED CONSENT FORM HAS BEEN EXPLAINED TO ME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND DO CONSENT TO TREATMENT EVEN IN LIGHT OF THE RISKS OF TREATMENT.

SIGNATURE_____________________________________ DATED____________________