

EAST COUNTY CHIROPRACTIC

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Informed Consent for Chiropractic Care

East County Chiropractic intends that patients be informed about the nature of chiropractic procedures, including the possible benefits and risks, that patients be informed of alternative treatment options, and that patients receive answers to their questions about their care. Patients must be informed so they can participate in educated decisions about their care and provide consent for their treatment. It is important that you read this document in its entirety and ask any questions you may have before signing it.

Chiropractic Treatment

Chiropractic procedures, including spinal and other joint manipulations, are generally safe. The majority of chiropractic patients experience improvement. Some patients may experience pain, stiffness or soreness temporarily after treatment or self-care activities; these usually resolve within a few days. Skin irritations, or burns may occur with thermal therapy; these are rare. Some soft tissue procedures may produce local discomfort, reddening of the skin, and/or superficial bruising/soreness during and temporarily after treatment.

Serious bodily harm is extremely rare and not an inherent risk of chiropractic treatment. The very low risk for fractures, dislocations, spinal disc injuries, neurovascular complications, and aggravation of existing conditions may be increased by other health factors such as medication use, prior injuries and surgeries, osteoporosis, cancer, and other diseases or conditions. Please inform us of your health history, current conditions, and medications you are taking. The incidence of neurovascular conditions such as stroke associated with neck manipulation is exceedingly rare, estimated to occur in one per one million to one in five million cervical manipulations. Serious complications of low back manipulations are estimated to occur in one per one million manipulations.

Other treatment options may include no care, over-the-counter or prescribed medications, physical therapy, injections, surgery, acupuncture, and many others. Each of these may be associated with benefits and risks. You are encouraged to discuss these with your healthcare providers.

DO NOT COMPLETE THE FOLLOWING PAGE UNTIL ALL YOUR QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED.

My signature below confirms that I have read the information above, I have had the opportunity to ask questions, I have had my questions answered to my satisfaction, I understand the possible risks of chiropractic treatment, and I consent to receive chiropractic treatment.

Additional comments, if any (to be completed by chiropractic physician): _____

Patient's Name (please print)

Patient's Signature (or minor's guardian)

_____ Date _____

Chiropractic Physician's Signature

_____ Date _____