

Askeland Chiropractic & Acupuncture P.C.

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Informed Consent and Authorization for Chiropractic Care

Nature and purpose for Chiropractic procedures

The practice of chiropractic includes many standard examination and testing procedures, as well as, therapeutic procedures. These include physical examination, orthopedic and neurological testing, specialized chiropractic examinations, radiological (x-ray) examination and laboratory testing (when clinically indicated). Procedures performed by chiropractors include various physical therapy and rehabilitation procedures, and the procedure unique to the chiropractic profession – the chiropractic adjustment/manipulation.

Chiropractic adjustments are delivered to patients by chiropractors to correct spinal or extremity (ankles, knees, wrists, etc.) joint dysfunction. Within the chiropractic profession these dysfunctions are called *subluxations*. A subluxation is a condition that exists when one or more bones of the spine (called vertebra), or extremities, are misaligned sufficiently to cause lack of motion in these joints, as well as, interference and/or irritation of the nervous system. The primary goal in chiropractic health is the removal of subluxations, and the restoration of normal joint motion and nervous system function.

It is not enough that you understand the benefits of chiropractic care in restoring normal joint motion and nervous system health, you must also be aware of the existence of inherent risks and limitations to chiropractic care. Every type of treatment (medical, chiropractic, or otherwise) carries some form of potential risk associated with it. Risks associated with some forms of chiropractic care include muscular sprain/strain, neurological deficit, osseous fracture and vertebral artery dissection (stroke). While the incidence of injury from chiropractic care is extremely low, and only seldom are the risks great enough to contraindicate care, these facts should be considered in making the decision to receive chiropractic care.

Authorization for Chiropractic Care

I have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the potential risks of chiropractic care, including the risk that care I receive in this office may not accomplish the desired clinical objective. I have been advised of reasonable alternative treatments, including known risks, consequences, and probable effectiveness of each, and I have been advised of possible consequences if no care is provided. I acknowledge that no guarantees have been provided to me concerning the results of the care I will receive.

I have read the above paragraphs. I understand the information provided has been explained, and any questions I have asked have been explained to my satisfaction.

I knowingly authorize Askeland Chiropractic & Acupuncture P.C., to proceed with chiropractic care and treatment.

Your Signature: _____ Date: _____

If patient is a minor, signature of parent or guardian _____