

Commerce Chiropractic DBA Abundant Life Chiropractic
2946 Culebra Rd
San Antonio, TX 78228

INFORMED CONSENT

Patient, please discuss any questions or concerns with the doctor before signing this consent. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legal responsible) by the doctor(s) of Commerce Chiropractic DBA Abundant Life Chiropractic.

The Nature of the Chiropractic Adjustment

The doctor's hands or a mechanical device or table will be used upon your body in a such a way as to move your joints. This may cause an audible "pop" or "click". You may feel a sense of movement.

Analysis/Examination/Treatment:

As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

- Spinal manipulative therapy (aka chiropractic adjustments)
- Spinal, cranial, and muscle palpation
- Vital signs
- Range of motion testing, orthopedic testing, muscle testing, neurological testing, primitive reflex testing, muscle strength testing, and postural analysis testing
- Hot/cold therapy
- EMS (electrical muscle stimulation)
- Traction- manual and machine-assisted
- Radiographic studies
- Other: _____

The material risks inherent in a Chiropractic Adjustment

As with any health care procedure, there are certain complications that may arise during a chiropractic adjustment. Those complications include, but are not limited to: fractures, disc injuries, dislocation, cervical myelopathy, costovertebral sprains, separations, and fractures, burns, muscle strains, and muscle soreness. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. The Doctor will make every reasonable effort during the examination to screen for contraindications to care: however, if you have a condition that would otherwise not come to the Doctor's attention, it is your responsibility to inform the doctor.

The Probability of Those Risks Occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bones which we check for during the taking of your history and during examination and any x-rays. Stroke and/or arterial dissection caused by chiropractic manipulation/adjustment of the neck has been the subject of ongoing medical research and debate. The most current research on the topic is inconclusive as to a specific incident of this complication occurring. If there is a causal relationship at all it is rare and remote. Unfortunately, there is no recognized screening procedure to identify patients with neck pain who are at a risk of stroke.

The availability and Nature of Other Treatment Options

Other treatment options for presenting conditions may include:

- self-administered, over-the-counter analgesics and rest
- medical care and prescription drugs
- hospitalization
- surgery

If you choose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers of attendant to remaining untreated

Remaining untreated may allow for the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time, this process may complicate treatment, making it more difficult and less effective the longer it is postponed.

CONSENT TO TREATMENT (Minor)

I hereby request and authorize the doctors at Commerce Chiropractic DBA Abundant Life Chiropractic to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter: _____ . This authorization also extends to all other doctors and office staff members and is intended to include radiographic examination at the doctor's discretion.

As of this date, I have the legal right to select and authorize health care services for the minor child named above. (If applicable). Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse, former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE ABOVE.

I have read or have had read to me, the above explanation of the chiropractic adjustment and related treatment. I have discussed it with doctors at Commerce Chiropractic DBA Abundant Life Chiropractic and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Dated: _____ Patient's Name: _____

Signature (for patient): _____

Signature of Parent or Legal Guardian(if a minor): _____