



Informed Consent to Chiropractic Treatment

Chiropractic doctors are required to advise patients of the nature of the treatment to be provided, the risks and benefits of the treatment, and any alternatives to treatment.

There are or may be risks associated with the treatment provided by chiropractors. In particular you should note:

- a) While rare, some patients have experienced short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains in association with chiropractic treatment;
- b) There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.
- c) There are reported cases of injury to the vertebral artery and stroke in association with many common neck movements, including adjustment of the high cervical spine. The apparent association of vertebral artery injury and stroke with high cervical spine adjustment is noted very infrequently. Further, present medical and scientific evidence does not establish a definite cause and effect relationship between either injury to the vertebral artery or stroke and high cervical spine adjustment. However, you are being warned of this possible association because a vertebral artery injury or a stroke can cause serious neurological impairment, and may, on rare occasion, result in paralysis or death. The possibility of such injuries resulting from high cervical spinal adjustment is extremely remote.

Chiropractic treatment, and in particular spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed the following with my chiropractic doctor:

- a. The condition which the chiropractic treatment is to address;
- b. The nature of the chiropractic treatment;
- c. The risks and benefits of that treatment; and
- d. Any alternatives to that treatment.

I have had the opportunity to ask questions and receive answers regarding the chiropractic treatment.

I consent to chiropractic treatments offered or recommended to me by my Chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

In accordance with Canada's Anti-Spam Law, Squamish Family Chiropractic requires your signed permission to send email appointment reminders, information on upcoming events as well as our quarterly electronic newsletter. If at any time you wish to unsubscribe from our patient email list, send an email to info@squamishchiro.com with the subject heading "unsubscribe".

I _____ hereby give Squamish Family Chiropractic permission to use my email address strictly for the purposes outlined above.

Dated this _____ day of _____, 20____

Patient signature (Legal Guardian):

Witness signature:

Print Patient Name: _____

Print Witness Name: _____