

# Aaragon Chiropractic/Decompression

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## INFORMED CONSENT FOR CHIROPRACTIC TREATMENT

**The nature of chiropractic treatment:** The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, traction, therapeutic ultrasound or vibratory massage may be used.

**Possible Risks:** As with any other health care profession, there are possible minor risks to chiropractic treatment. Complications could include muscle strain, ligamentous sprain, dislocation of joints, or injury to intervertebral discs, nerves, or spinal cord. In extremely rare cases, cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment.

**Probability of risk occurring:** The risks of complications due to chiropractic treatment have been described as "rare". The risk of cerebrovascular injury or stroke, has been estimated at on in one million, and can be even further reduced by screening procedures.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risk an benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and herby give my full consent to treatment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed: \_\_\_\_\_