

INFORMED CONSENT

Patient name (please print): _____

I hereby request and provide consent for Halle Chiropractic LLC (Dr. Halle) to perform chiropractic manipulation and other chiropractic procedures, including various modes of physiotherapy and diagnostic X-rays, on me or on the patient named below, for whom I am the parent or am legally responsible.

I understand that chiropractic manipulation is a specific adjustment for subluxation, that is, a joint that has lost its ability to move and function properly. Abnormal movement patterns and improper function will continue and may negatively impact nerve activity unless corrected. In order to correct this, I understand that Dr. Halle will use his hands or the necessary instruments to move joints within the affected area. The movement of joints can create an audible “pop” or “click.” This is caused by gasses within the joint being released when it is adjusted.

I understand and am informed that, as in the practice of medicine, there are some risks to treatment in the practice of chiropractic. These risks can include but are not limited to fractures, disk injuries, dislocations, and sprains. These are rare and can result from an underlying weakness in or illness associated with the bones. Another risk is stroke; however, the chances for stroke are far rarer. A scientific study stated there is a 1 in 5.58 million chance for a stroke to be caused by a chiropractic adjustment (Haldeman et al, 1999). Despite the rarity of these risks, we conduct examinations and tests to identify if you may be susceptible to an injury or if an existing injury exists that would lead to health complications.

Other chiropractic procedures involve physiotherapy such as electrical muscle stimulation, traction, decompression, ultrasound, infrasound, application of cold and/or hot packs, exercises, stretching protocols, gait modification, and/or balancing. I understand these procedures may result in muscle strain, muscle spasms, ligament sprain, burns, dizziness, and other symptoms.

I do not expect Dr. Halle to be able to anticipate and explain all risks and complications. I wish to rely upon Dr. Halle to exercise judgment during the course of the procedure(s) which he feels at the time is/are in my best interest. I understand that Dr. Halle’s judgment is based upon the facts known to him professionally as well as those that I have personally disclosed to him. I understand the importance of disclosing all medical information to Dr. Halle so I can be treated appropriately. I will notify Dr. Halle immediately to explain any negative symptoms so a necessary evaluation may be performed and corrective actions may be employed.

I have had an opportunity to discuss the nature and purpose of chiropractic manipulation and other procedures with Dr. Halle. I understand that results are not guaranteed.

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I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions and have had my questions answered satisfactorily. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment. By signing below, I state that I have weighed the risks involved with recommended treatment and have decided it is in my best interest to undergo the recommended treatment. Having been informed of the risks, I hereby give my consent to undergo the recommended treatment.

Signature of patient, parent, or legal representative/guardian

Date

Printed name of patient, parent, or legal representative/guardian

Relationship to patient