

Informed (Written and Verbal) Consent to Chiropractic Treatment

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. Doctors of Chiropractic are required to advise patients that there are risks associated with such treatment. In particular you should note:

- Some patients may experience some stiffness or soreness following the first few days of treatment.
- Some types of manipulation have been associated with injuries to the arteries of the neck leading or contributing to serious complications, including stroke. This occurrence is exceptionally rare and remote. However, you are being informed of the possibility regardless of the extreme remote chance.
- I will make every effort to screen for any contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.
- Other complications may include: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns.

The probabilities of these complications are rare and generally result from some underlying weakness of the bone or tissue, which I check for during the history, examination, and x-ray (when warranted).

Lifeline Chiropractic Terms of Acceptance

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction for vertebral subluxation. Our chiropractic method of correction is by specific adjustment of the spine.

We do not offer to diagnose or treat any diseases or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom.

I, _____, have read and fully understand the above statements.
PRINT NAME

I acknowledge I have had the opportunity to discuss the associated risks as well as the nature and purpose of treatment with my chiropractor.

I verbally, and in writing, consent to the chiropractic treatments offered or recommended to me by my chiropractor, including spinal manipulation. I intend this consent, signed below, to apply to all my present and future chiropractic care.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I, therefore, accept chiropractic care on this basis.

Patient Signature: _____

Date: _____

Witness Signature: _____

CONSENT TO EVALUATE AND ADJUST A MINOR CHILD

I, _____, being the parent or legal guardian of _____,
have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

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