

CONSENT TO TREATMENT

Back-2-Back Chiropractic, P.C.

Health care providers are required to advise patients of the nature of the treatment being provided, the benefits, the risks, and any alternatives to the treatment.

Osseous (bone) and soft tissue manipulation has been demonstrated to be a highly effective treatment for spinal and joint conditions including general pain, back and neck pain, loss of range of motion, headache, and other related symptoms. Musculoskeletal care contributes to your overall health and well being.

There are some risks that, although rare, may be associated with chiropractic treatment, in particular you should note:

1. While rare, some patients have experienced rib fractures or muscle and ligament sprains or strains following treatment;
2. There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has demonstrated such injuries are caused, or may be caused, by spinal or soft tissue manipulation or treatment;
3. There have been reported cases of injury to a vertebral artery following spinal manipulation. Vertebral artery injuries have been known to cause a stroke, sometimes with serious neurological impairment and may, on rare occasion, result in paralysis or death. The possibility of such injuries resulting from cervical spine manipulation is extremely rare;
4. More commonly, some people experience a temporary increase in soreness to the region of their body being treated. This is generally minor and usually does not last longer than 24-48 hours; and
5. ***The risk of injury or complications from treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.***

Each person is unique in how their body heals; therefore, your response to chiropractic treatment may vary. Some experience a dramatic improvement while others may notice only a small improvement in their condition. As part of your treatment plan, your doctor will discuss the likelihood and anticipated degree of success with chiropractic care. If chiropractic care is not suitable for you or your condition, your doctor will discuss suitable care and refer you to the appropriate provider or specialist.

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It is important that you read and sign page 2***

Initial: _____

Common alternatives to treatment include:

1. Doing nothing. This is called natural history. Some musculoskeletal conditions, if left untreated, will return to some degree of normal as our body attempts to heal itself. The risk in doing nothing is that you may be left with some impairment in range or motion, chronic pain, fibrotic or scar tissue in the ligaments, muscles, tendons, or connective tissue of the body.
2. Medication. Some musculoskeletal conditions respond well to medication use; however, there are many well-documented risks and potential side effects of medication use that can include nausea, upset stomach, headache, organ dysfunction or damage, and even death. Although medications are helpful in certain circumstances, masking the pain or symptoms of your injury can lead to further damage and may slow the rate of healing.
3. Surgery. Some musculoskeletal conditions may require surgery to be corrected or repaired. As with other forms of treatment, surgery has its side-effects and risks. These may include (but are not limited to) scarring, chronic pain, loss of range or motion, bleeding, infection, nerve damage, or death.

I acknowledge I have read and/or discussed the following with Dr. Mennell:

- The condition that the treatment is to address; the nature of the treatment; and the risks, benefits, and alternatives of that treatment.

I have had the opportunity to ask questions and receive answers regarding my treatment. I understand that results are not guaranteed. I consent to the treatment(s) offered or recommended to me by Dr. Mennell. I intend this consent to apply to all present and future care with Back-2-Back Chiropractic.

I understand that I may, in writing, withdraw my consent to any or all of the treatment(s) offered to me at any time during the course of my care.

Patient signature (or Legal Guardian): _____

Print Name: _____

Date: _____