

SUPERIOR CHIROPRACTIC CENTERS

Jeff H. Peterson, D.C. * 8290 E. Broadway * Tucson, AZ 85710 * (520) 296-4496

INFORMED CONSENT

The primary treatment used by doctors of chiropractic is the spinal adjustment.

*** The nature of the chiropractic adjustment.**

The Doctor of Chiropractic will use his hands or a mechanical device upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced if you "crack" your knuckles. You may also feel or sense movement.

*** The material risks inherent in chiropractic adjustment.**

As with any health care procedure, there are certain complications, which may arise during a chiropractic adjustment. Those complications may include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to, or contributing to, serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

*** The probability of those risks occurring.**

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and x-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority (Scott Haldeman, D.C. M.D.) saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination, which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare".

*** Terms of Acceptance:**

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

If you have any questions for Dr. Peterson, do not sign until all of your questions have been answered.

PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW:

I have read or have had read to me, the above explanation of the chiropractic adjustment. I have been given the opportunity to discuss this with Dr. Peterson and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

X

Patient and/or Guardian's Signature

Date

X

Witness Signature

Date

DR. INITIALS _____ DATE _____