

Hatch Chiropractic Informed Consent

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. The purpose of the informed consent is for my understanding and agreement regarding the care recommended, the benefits and risks associated with the care, alternatives and the potential effect on my health if I choose not to receive the care.

Chiropractic Treatment – the doctor will use his/her hands or a mechanical device to move your joints. You may feel a click or pop, you may also feel movement of the joint. Various therapies, such as hot or cold packs, electric muscle stimulation, and therapeutic ultrasound may be used. **Possible risks:** As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligaments sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck, although this is a rare occurrence. A minority of patients may notice stiffness or soreness after the first few days of treatment.

Acupuncture Treatment – I understand that methods of treatment may vary, but are not limited to, acupuncture, cupping, and Chinese massage. I have been informed that acupuncture is a generally safe method of treatment, but, as with all types of healthcare interventions, there are some risks of care. **Possible risks:** Bruising, numbness or tingling near the needling sites that may last a few days; and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

Physical Therapy – Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Hatch Chiropractic does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. **Possible risks:** It is possible that the physical therapy treatment may result in aggravation of existing symptoms and may cause discomfort, pain, or injury.

Dry Needling – Functional Dry Needling (FDN) involves inserting a monofilament needle into a muscle or tissue to reset the tissue to an improved homeostasis. This can help to resolve pain and muscle tension, as well as promote healing. This is not traditional Chinese acupuncture, it is a medical treatment that relies on a medical diagnosis to be effective. **Possible risks:** FDN may cause injury to a blood vessel causing a bruise, infection, and/or nerve injury. The most serious risk with FDN is accidental puncture of a lung (pneumothorax), this is a rare complication.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the doctor to exercise judgment during the course of treatment, based upon the facts then known to be in my best interest. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure.

I understand that I must inform, and continue to fully inform, this office of any medical history, family history, medications, and/or supplements being taken (prescription and over-the-counter drugs). I understand the clinical and administrative staff may review my patient records and lab reports, all which are kept confidential and will not be released without my written consent.

My signature below confirms that I have read and fully understand the consent to treatment. I understand the risks and benefits of the procedures and have had an opportunity to ask questions.

Pregnancy Release: I certify that to the best of my knowledge I am not pregnant, and the clinical staff has my permission to perform x-rays. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual cycle: _____ Initials _____

Patient Printed Name: _____ Date: _____

Patient Signature: _____