

KURTZ CHIROPRACTIC

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Dr Colin Kurtz
Chiropractor

INFORMED CONSENT

All health care professionals (e.g. Doctors of chiropractic, medical doctors, physiotherapists, etc.) are required to advise patients of any possible risks that may be associated with the treatments that they perform. Following are some of these potential, yet rare risks you should note:

Chiropractic:

- While rare, some patients have experienced rib fractures, muscle/ligament sprains or strains following spinal adjustments.
- There have also been reported cases of spinal disc injuries following adjustments, however no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustment or chiropractic treatment.
- There have been reported cases of injury to the vertebral artery following cervical spinal adjustments. Such injuries may result in stroke and/or serious neurological impairment or injury. It is important to note that such an event is extremely rare and it is not necessarily the act of performing the adjustment, but an already present weakness in the artery brought out by the adjustment which results in injury.

Chiropractic care contributes to your overall well being. *The risk of injuries or complications from this treatment is substantially lower than those associated with many medical or other treatments, medication, and procedures given for the same symptoms.* I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time, based upon the facts then, is in my best interest.

I have read the above consent form and I hereby request and consent to the performance of any treatment offered or recommended to me by my chiropractor, including spinal adjustments. I have also discussed or been given the opportunity to discuss with my chiropractor, the nature and purpose of these treatments in general, and my treatment in particular, as well as the contents of this form. I intend this consent to apply to all my present and future chiropractic care,

Date: _____

Patient Name: _____

Patient Signature: _____ Witness Signature: _____