Pacific Coast
KINESIOLOGY CENTER
Chiropractic . Health . Wellness
Abella-Desuyo Chiropractic Inc.

# INFORMED CONSENT TO TREATMENT

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

***The nature of the chiropractic adjustment:***

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible “pop” or “click, “ much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

***Analysis / Examination / Treatment***

As part of the analysis, examination and treatment, your are consenting to the following procedures:

- spinal manipulation
- range of motion testing
- muscle strength testing
- manual therapy
- ultrasound
- rehabilitative exercises/stretches
- spinal decompression therapy
- palpation
- orthopedic testing
- postural/gait analysis
- nutritional advice
- muscle modality therapy
- instrument assisted soft tissue therapy
- vital signs
- basic neurological testing
- hot/cold therapy
- electrical stimulation
- soft tissue massage

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

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include, but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. 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. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because a stroke may cause serious neurological impairment and result in injuries including paralysis. Some patients will feel some stiffness and soreness following the first few days of treatments. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

Fractures are rare occurrences and generally result from some underlying weakness of the bone. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

***The availability and nature of other treatment options.***

Other treatment options for your condition may include:

1-Self-administered, over-the-counter analgesics and rest
2-Medical care and prescription drugs such as anti-inflammatory, muscle relaxants, pain killers
3-Hospitalization
4-Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.


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# INFORMED CONSENT TO TREATMENT (CONTINUED)

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

I have read the above explanation and information of the chiropractic adjustment and related treatment. I have discussed it with the Doctor of Chiropractic at/affiliated with Pacific Coast Kinesiology Center (Abella-Desuyo Chiropractic Inc.) and have had my questions answered to my satisfaction. I fully understand that results are not guaranteed. I certify that the information I have provided is correct to the best of my knowledge. I will not hold my doctor, Dr. Jeanna L. Abella-Desuyo, D.C. (and/or any other licensed doctors of chiropractic who now, or in the future, render treatment to me, are employed by, working for, associated with, or are serving as backup for Dr. Jeanna L. Abella-Desuyo, D.C.) and staff members at Pacific Coast Kinesiology Center (Abella-Desuyo Chiropractic Inc.) responsible for any errors or omissions that I may have made in the completion of this form.

By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment. Having been informed of the risks, I hereby request and give my consent to Dr. Jeanna L. Abella-Desuyo, D.C. (and/or any other licensed doctors of chiropractic who now, or in the future, render treatment to me, are employed by, working for, associated with, or are serving as backup for Dr. Jeanna L. Abella-Desuyo, D.C.) and the affiliated staff of Pacific Coast Kinesiology Center (Abella-Desuyo Chiropractic Inc.) to perform examinations, laboratory tests, and any treatment that in their judgement, is deemed advisable or required.

*Please initial after reading this statement.*

_____ **Patient (parent and/or legal guardian for minors) Initials** _____ **Doctor Initials**

_____
Patient's Name (Please print)

_____ _____
Patient, Parent or Legal Guardian Signature Date

_____ _____
Doctor's Signature Date



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