

# **RIVERSIDE CHIROPRACTIC CENTER INFORMED CONSENT**

## **INTRODUCTION**

The profession of chiropractic, dentistry, medicine and surgery, nursing, optometry, osteopathy, osteopathic medicine and surgery, pharmacy, physical therapy, podiatry, psychology, and others are regulated in the state of Illinois by the Illinois Department of Professional Regulation. Patient care provided by those above listed professions, including chiropractic, have known risks which may include death, brain damage, quadriplegia, paraplegia, the loss or loss of function of any organ or limb, or disfiguring scars associated with such care and treatment. For you information, the following is routinely furnished to all who consider chiropractic care in this clinic.

Both chiropractic physicians providing care at Riverside Chiropractic Center are licensed under the Illinois Medical Act by the Illinois Department of Professional Regulations. Chiropractic is a science which concerns itself with the relationship between structure (primarily the spine) and function ( primarily the nervous system) of the body as that relationship may affect the restoration and preservation of health.

## **NATURE AND PURPOSE OF CHIROPRACTIC PROCEDURES**

The practice of chiropractic includes many standard examination and testing procedures. These include physical examination, orthopedic and neurological testing, palpation, specialized instrumentation's, laboratory tests, radiology examinations, physical therapy and rehabilitative procedures. Additionally, there is a procedure unique to the chiropractic profession- the chiropractic spinal adjustment.

Adjustments are made by chiropractors to correct spinal and extremity joint subluxations. One of the most common disturbances to the nervous system is the vertebral subluxation. This condition exists where one or more vertebrae in the spine are misaligned sufficiently to cause interference and/or irritation of the nervous system. The primary goal in chiropractic health care is the removal of nerve interference caused by such subluxation(s).

There are a number of different adjusting techniques, some utilizing specially designed equipment. Adjustments are usually performed by hand but may be performed by hand-guided instruments. A chiropractic adjustment is the application of a quick precise movement over a very short distance to a specific segmental contact point of a vertebra.

Not only should you understand the benefits of chiropractic care in restoring and maintaining good health, but also you should be aware of the existence of some inherent risks and limitations. These are seldom enough to contraindicate care, but should be considered in making the decision to receive chiropractic care. All health care procedures, including those used in varying degrees, have some risks associated with them. Risks associated with some chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurological deficits, osseous fracture, vertebral artery syndrome(VAS), including stroke and perhaps, death through complicating factors.

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## **AUTHORIZATION FOR CHIROPRACTIC CARE**

I have been informed of the nature and purpose of the chiropractic care, the possible consequences of the care, and the risk of the care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatment have been explained, including the risk, consequences, and probable effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

**I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME, AND ALL QUESTIONS WHICH I HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.**

### **CONSENT TO TREAT MINOR**

I hereby authorize Riverside Chiropractic Center of Seneca, Limited and whomever they may designate as doctors and assistants to examine and administer treatments as they do deem necessary to my Son / Daughter, \_\_\_\_\_  
(circle one) (child's full legal name)

I authorize Riverside Chiropractic Center of Seneca, Limited and said Doctors and Assistants to treat the above listed child in the absence of my presence under normal office visit circumstances. \_\_\_\_\_ DATE:

\_\_\_\_\_  
(parent/guardian signature)

**HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE RIVERSIDE CHIROPRACTIC CENTER TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.**

**DATE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, SENECA, IL.**

\_\_\_\_\_  
(PATIENT OR PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DOCTOR OF CHIROPRACTIC'S SIGNATURE)