

# Informed Consent for Care

**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.

As a patient seeking care from the doctor of chiropractic or the licensed providers at this office, I hereby request and consent to the performance of chiropractic testing/exams, diagnosis, and analysis. I also request and give permission for the providers in this office to provide clinical treatment including, but not limited to, joint manipulation, adjustments and other chiropractic procedures, including various modes of physical therapy, manual therapy or physical medicine procedures, on me (or on the patient named below for whom I am legally responsible) by the doctor of chiropractic working at Discover Soft Tissue & Spine, including Dr. Eric B. Lambert, DC and/or other licensed doctors of chiropractic or therapists, including Maggie Zick, LMT, or other licensed therapists who now or in the future treat me while employed by, working or associated with or serving as backup at Discover Soft Tissue & Spine.

## THE NATURE OF THE TREATMENT IN OUR OFFICE

The primary treatment used at Discover Soft Tissue and Spine, PC, is manual therapy. Manual therapy or myofascial release, includes the use of the providers hands or a metal instrument upon your body in such a way as to mobilize and release soft tissue adhesion (scar tissue). The treatment may be painful, cause bruising or soreness, which is common in the treatment area. You may feel a sense of looseness or more mobility post treatment. It is also likely that spinal/extremity manipulative therapy will be used as part of your treatment. Manipulative therapy includes use of the provider's hands and mechanical instruments upon your body in such a way to mobilize your joints. This movement may cause an audible "pop" or "click," such as experienced when you "crack" your knuckles. You may also feel a sense of movement.

## THE MATERIAL AND INHERENT RISKS IN TREATMENT

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fractures, disc injuries, strokes, dislocations, and sprains. In rare instances, underlying physical defects, deformities, abnormalities, or pathologies may render the patient susceptible to injury. Fractures are rare occurrences and generally result from some underlying weakness of the bone which your doctor looks for during your initial consultation, examination, and while reviewing your x-rays. The incidence of a stroke is exceedingly rare and is estimated to occur between one in one million and one in five million adjustments of the neck. The other complications are also generally described as rare. I do not expect the doctor to be able to anticipate and explain all possible risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure, which the doctor feels at the time, based upon the facts then known, is in my best interest. The doctor/provider will not provide any treatment/care if he/she is made aware that such treatment/care may be contra-indicated to your health. These negative effects are very rare and will be explained to you after the examination has been completed and a treatment plan has been developed specific to your needs.

## THE AVAILABILITY AND NATURE OF OTHER TREATMENT OPTIONS

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care & prescription drugs such as anti-inflammatory, muscle relaxants, or painkillers
- Physiotherapy
- Hospitalization
- Surgery

If you choose 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 want to discuss these with your primary care physician.

**PATIENT INITIALS**

## THE RISKS AND DANGERS ATTENDANT TO REMAINING UNTREATED

Remaining untreated may allow the formation of adhesions and reduce mobility of your joints which may set up a pain reaction further reducing mobility. Over time this process may compromise your recovery making treatment more difficult and less effective the longer it is postponed.

## THE EXAMINATION

Prior to establishing a treatment plan the doctor/therapist/provider will perform an examination in order to determine the exact cause of your complaint. During this examination the doctor/therapist/provider will perform some procedures or maneuvers intended to reproduce your symptoms which will allow for a better understanding of the nature of your condition and for the development of an appropriate treatment regimen. There is a slight possibility that these maneuvers may temporarily aggravate your symptoms.

### **\*DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

I have read [ ] or have had read to me [ ] the above explanations of the Discover Soft Tissue and Spine, PC, operations and the nature of examination and treatments.

I understand that if I am accepted as a patient by Dr. Eric Lambert, DC or Maggie Zick, LMT of Discover Soft Tissue and Spine, PC, I am authorizing them to proceed with any treatment and exam procedures that they deem clinically necessary and relevant. Any risk involved in undergoing treatment will be explained to me and any additional information may be provided upon my request. Finally, this office reserves the right not to accept any patient for any reason and may discharge any patient at any point for reasons that are hindering treatment progress, compliance, or the safety of the office/himself/the patient.

I have had an opportunity to discuss with the doctor of chiropractic and/or with other office or clinic personnel the nature and purpose of chiropractic manipulations or adjustments and other physical procedures (such as manual therapy, exercises and stretches). I understand that results are not guaranteed.

By signing below I state that I consent to the examination and to the treatments offered in this office or recommended to me (or the patient listed below to whom I am the legal guardian) by my doctor/therapist, including spinal adjustments, manual therapy and physical medicine. Once a treatment plan is established I will have the opportunity to discuss the treatment plan with my doctor/therapist and to consent to the proposed care. I intend this consent form to cover the entire course of treatment and future treatments at Discover Soft Tissue and Spine, PC.

\_\_\_\_\_  
PATIENT NAME (PRINTED)

\_\_\_\_\_  
WITNESS NAME (PRINTED)

\_\_\_\_\_  
PATIENT NAME (SIGNED) OR LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS NAME (SIGNED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\*\*To be completed by the patient's representative, if necessary, e.g., if patient is a minor or physically or otherwise legally incapacitated.