

INFORMED CONSENT DOCUMENT

Patient Name: _____ Date: _____

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 anything is unclear.

THE NATURE OF CHIROPRACTIC ADJUSTMENT: The primary treatment used by Doctors of Chiropractic is spinal manipulative therapy. The Doctor will use that procedure to treat you. The Doctor may use her hands or a mechanical instrument upon your body in such a way as to move your joint. That may cause an audible "pop" or "click", much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

THE NATURE OF PHYSICAL THERAPY: Physical therapy is a dynamic and conservative treatment practice that incorporates exercise, manual mobilizations, modalities and many other health, wellness & fitness principles in the restoration, maintenance and promotion of optimal physical function.

Analysis ♦ Examination ♦ Treatment: As part of the analysis, examination and treatment, you are consenting to the following procedures: **(Please initial each procedure you are consenting to).**

_____	Spinal Manipulative Therapy	_____	Mobilization (soft tissue/joint)
_____	Vital Signs	_____	Range of Motion Testing
_____	Orthopedic Testing	_____	Basic Neurological Testing
_____	Muscle Strength Testing	_____	Postural Analysis
_____	Therapeutic Exercises	_____	Manual/Mechanical Traction
_____	Ultrasound	_____	Laser Therapy
_____	Electrical Stimulation	_____	Hot/Cold Therapy
_____	Palpation	_____	Facilitative Taping
_____	Other: (Please explain): _____		

In this office, if your Doctor or physical therapist is unavailable, another clinic doctor or physical therapist may be assigned to treat you on that day.

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. Some patients will feel some stiffness and soreness following the first few days of treatment. The Doctor 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 the Doctor's attention, it is your responsibility to inform the Doctor.

THE PROBABILITY OF THOSE RISKS OCCURRING: Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during examination and x-ray. 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. These problems occur so rarely that there are no available statistics to quantify their probability.

THE MATERIAL RISKS INHERENT IN PHYSICAL THERAPY: Physical therapy involves the use of many different types of physical evaluations and treatments. Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent associated physical risks. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your physical therapist will be glad to answer them. The physical therapist may use a variety of procedures and modalities to help obtain optimal function. I, the patient, acknowledge that participation in physical exercise involving flexibility, strength, balance, agility, and aerobic exercise, including the use of equipment and devices, may be a potentially hazardous activity. If you have a condition that would otherwise not come to the physical therapist's attention, it is your responsibility to inform the physical therapist.

TREATMENT BURNS: Some of the machines we use generate heat. We also use both heat and ice, and occasionally recommend them for home use. Everyone’s skin has a different sensitivity to these modalities, and rarely, either heat or ice can burn or irritate the skin. The result is temporary increase in skin pain, and there may even be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

SORENESS: It is common for chiropractic adjustments, soft tissue/joint mobilization, manual/mechanical traction, massage therapy, therapeutic exercise, treatment modalities and procedures, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your Doctor or physical therapist about it.

OTHER PROBLEMS: There may be other problems or complications that might arise from chiropractic and/or physical therapy treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic and/or physical therapy is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure of any symptoms, disease or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel will assist your situation.

THE AVAILABILITY OF NATURE OF OTHER TREATMENT OPTIONS: Other treatment options for your condition may include:

- ◆ Self-administered, over-the-counter analgesics and rest
- ◆ Medical care and prescription drugs, such as, anti-inflammatory, muscle relaxants and pain-medication
- ◆ Hospitalization
- ◆ 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.

THE RISKS AND DANGERS ATTENDANT TO REMAINING UNTREATED: Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective, the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.
PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read, or have had read to me, the above explanation of:

chiropractic adjustment and related treatment;

physical therapy and related treatment.

I have discussed it with: Dr. Harvelee Leite-Ah Yo, D.C., R.P.T., or Kanani Leite-Ah Yo, P.T., D.P.T. and have had my questions answered to my satisfaction. 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. Having been informed of the risks, I hereby give my consent to that treatment.

Print Patient’s Name:	
Today’s Date:	
Patient’s Signature: Parent or Guardian Signature: (if a minor)	