

Welcome to our office!

Informed Consent to Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked” and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, traction, passive and active exercise may also be used.

Probability of risks occurring: The risks of complication due to chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million and can be even further reduced by screening procedures. The probability of adverse reaction to ancillary procedures is also considered “rare”.

Other treatment options which could be considered may include the following:

- *Over the counter analgesics:* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects.
- *Medical care:* Typically anti-inflammatory prescriptions, muscle relaxers, and analgesics. Risks of these drugs include gastrointestinal irritation, long term use leads to liver and kidney disease as well as other side effects and dependence in a significant number of cases.
- Surgery in conjunction with medical care adds risks of infection and adverse reaction to anesthesia as well as extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual Risks: I have had the following unusual risks of my case explained to me. I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment.

Patient Name : _____ **Date:** _____

Signature: _____

CONSENT FORM

Name: _____ Gender: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email _____

Occupation: _____ Referral: _____

INSURANCE INFORMATION

Primary Insurance Company: _____ ID#: _____

Address: _____

Phone: _____ Group ID: _____

Secondary Insurance Company Name: _____ ID#: _____

Address: _____

Phone: _____ Group ID: _____

PATIENT COMPLAINT

What brings you in today? _____

How/When did this occur? _____

On a scale of 1 to 10 what is your level of pain? 1 2 3 4 5 6 7 8 9 10
(1-being in no pain 10- being in unbearable pain)

Describe your pain (stabbing, throbbing, radiating, etc) _____

How frequent is your pain? _____

Have you experienced this in the past? _____

How is this complaint impacting your life? _____

Have you done or received any treatment for this? _____

Any additional complaints? _____

PATIENT HISTORY

Have you had any accidents?(sports, car accidents, slips/falls)_____

Have you had any surgeries/hospitalizations?_____

Do you take any medications?_____

Do you take any supplements?_____

Any Tobacco/Drug use?_____ If yes, how often?_____

Exercise/Water/Diet Regime?_____

Any family history of health conditions?_____

Are you experiencing or have a history of any of the following conditions?

Neurological: Dizziness Nausea Headaches None

Cardiovascular: Pain in the chest Irregular Heart rate None

Respiratory: Trouble Breathing Shortness of Breath None

Digestive: Change in Bowel Movement/Color None

Skin: Rash Swelling Bruising Bumps Lumps None

Sensory: Temperature Pins/Needles Numbness None

Endocrine: Significant Weight Loss/Gain Changes in Appetite Hair loss/GainNone

Urinary: Kidney Stones UTI None

NDI (Neck Disability Index) I have no neck pain (If so please skip to ODI Section)

Pain Intensity

- 0- I have no pain at the moment
- 1- The pain is very mild at the moment
- 2-The pain comes and goes and is moderate
- 3-The pain is fairly severe at the moment
- 4-The pain is very severe at the moment
- 5-The pain is the worst imaginable at the moment

Reading

- 0-I can read as much as i want with no neck pain
- 1- I can read as much as i want with slight neck pain
- 2-I can read as much as i want with moderate neck pain
- 3-I cannot read as much as i want because of moderate
- 4-I can hardly read at all because of severe neck pain
- 5-I cannot read at all because of neck pain

Work

- 0-I can do as much work as I want
- 1- I can only do my usual work but no more
- 2-I can only do most of my usual work but no more
- 3-I cannot do my usual work
- 4-I can hardly do any work at all
- 5-I cannot do any work at all

Sleeping

- 0-I have no trouble sleeping
- 1-My sleep is slightly disturbed
- 2- My sleep is mildly disturbed
(1-2 hours sleepless)
- 3- My sleep is moderately disturbed
(2-3 hours sleepless)
- 4- My sleep is greatly disturbed
(3-5 hours sleepless)
- 5- My sleep is completely disturbed
(5-7 hours sleepless)

Concentration

- 0-I can concentrate fully with no difficulty
- 1-I can concentrate fully with slight difficulty
- 2- I have a fair degree of difficulty concentrating when I want
- 3- I have a lot of difficulty concentrating when I want
- 4- I have a great deal of difficulty
- 5- I cannot concentrate at all

Personal Care

- 0-I can look after myself normally without causing extra pain
- 1- I can look after myself normally but it causes extra pain
- 2- It is painful to look after myself and I am slow and careful
- 3- I need some help everyday in most aspects of self care
- 4- I need help every day in most aspects of self care
- 5- I do not get dresses, I wash with difficulty and stay in Bed

Lifting

- Ⓒ0- I can lift heavy weights without extra pain
- Ⓒ1- I can lift heavy weights but it causes extra pain
- Ⓒ2- Pain prevents me from lifting heavy weights off the floor, But i can manage if I have to
- Ⓒ3- Pain prevents me from lifting heavy weights off the floor, But I can manage if it is light to medium weight
- Ⓒ4- I can only light very light weights
- Ⓒ5- I cannot lift or carry anything at all

Recreation

- Ⓒ0- I am able to engage in all my recreation activities without neck pain
- Ⓒ1- I am able to engage in all my usual recreation activities with some neck pain
- Ⓒ2- I am able to engage in most but not all my usual recreation activities because of neck pain
- Ⓒ3- I am only able to engage in a few of my usual recreation activities because of my neck pain
- Ⓒ4- I can hardly do any recreation activities because of neck pain
- Ⓒ5- I cannot do any recreation activities at all

Driving Ⓒ *I do not drive*

- Ⓒ0- I can drive my car without any neck pain
- Ⓒ1- I can drive my car as long as I want with slight neck pain
- Ⓒ2- I can drive my car as long as I want with moderate neck pain
- Ⓒ3- I cannot drive my car as long as I want because of moderate neck pain
- Ⓒ4- I can hardly drive at all because of severe neck pain
- Ⓒ5- I cannot drive my car at all because of neck pain

Headaches

- Ⓒ0- I have no headaches at all
- Ⓒ1- I have slight headaches which come infrequently
- Ⓒ2- I have moderate headaches which come infrequently
- Ⓒ3- I have moderate headaches which come frequently
- Ⓒ4- I have severe headaches which come frequently
- Ⓒ5- I have headaches almost all the time

ODI (Oswestry Disability Index)

I have no back pain (If so please skip to NDI Section)

Pain Intensity

- 0- I have no pain at the moment
- 1- The pain is very mild at the moment
- 2- The pain comes and goes and is moderate
- 3- The pain is fairly severe at the moment
- 4- The pain is very severe at the moment
- 5- The pain is the worst imaginable at the moment

Sitting

- 0- I can sit in a chair as long as I like
- 1- I can only sit in my favorite chair for as long as I like
- 2- Pain prevents me from sitting for more than 1 hour
- 3- Pain prevents me from sitting for more than ½ hour
- 4- Pain prevents me from sitting more than 10 minutes
- 5- I avoid sitting because it increases pain immediately

Walking

- 0- I have no pain while walking
- 1- I have some pain while walking but it doesn't increase with distance
- 2- I cannot walk more than 1 mile without increasing Pain
- 3- I cannot walk more than ½ mile without increasing Pain
- 4- I cannot walk more than 10 minutes without increasing pain
- 5- I cannot walk at all without increasing pain

Sleeping

- 0- I get no pain in bed
- 1- I get pain in bed but it does not prevent me from sleeping well
- 2- Because of pain my normal sleep is Reduced by less than 25%
- 3- Because of pain my normal sleep is Reduced by less than 50%
- 4- Because of pain my normal sleep is Reduced by less than 75%
- 5- Pain prevents me from sleeping at all

Standing

- 0- I can stand as long as I want without pain
- 1- I have some pain while standing but it does not increase with time
- 2- Pain prevents me from standing more than one hour
- 3- I cannot stand for longer than ½ hour without increasing pain
- 4- I cannot stand for longer than 10 minutes without increasing pain
- 5- I avoid standing because it increase pain immediately

Personal Care

- 0- I can look after myself normally without causing extra pain
- 1- I can look after myself normally but it causes extra pain
- 2- It is painful to look after myself and I am slow and careful
- 3- I need some help everyday in most aspects of self care
- 4- I need help every day in most aspects of self care
- 5- I do not get dresses, I wash with difficulty and stay in bed

Lifting

- Ⓒ0-I can lift heavy weights without extra pain
- Ⓒ1- I can lift heavy weights but it causes extra pain
- Ⓒ2-Pain prevents me from lifting heavy weights off the floor, But i can manage if I have to
- Ⓒ3-Pain prevents me from lifting heavy weights off the floor, But I can manage if it is light to medium weight
- Ⓒ4- I can only lift very light weights
- Ⓒ5-I cannot lift or carry anything at all

Social Life

- Ⓒ0-My social life is normal and gives me no extra pain
- Ⓒ1- My social life is normal, but increases the degree of pain
- Ⓒ2-Pain has no significant effect on my social life apart from limiting my more energetic interest
- Ⓒ3-Pain has restricted my social life and I do not go out often
- Ⓒ4- Pain has restricted my social life because of the pain
- Ⓒ5-I have hardly any social life because of the pain

Traveling

- Ⓒ0- I get no pain while traveling
- Ⓒ1- I get some pain while traveling but none of my Usual forms of travel make it worse
- Ⓒ2-I get some extra pain while traveling but it does not cause me to seek alternative forms
- Ⓒ3- I get extra pain while traveling which causes me to seek alternate forms of travel
- Ⓒ4- Pain restricts all forms of travel except that done while laying down
- Ⓒ5- Pain restricts all forms of travel

Changing degree of Pain

- Ⓒ0- My pain is rapidly getting better
- Ⓒ1- My pain fluctuates but overall is definitely getting better
- Ⓒ2- My pain seems to be getting better but improvement is slow
- Ⓒ3- My pain is getting neither better or worse
- Ⓒ4- My pain is gradually worsening
- Ⓒ5- My pain is rapidly worsening