

LIFE REFINED

CHIROPRACTIC

Doctor-Patient Relationship in Chiropractic Informed Consent

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 if you do not understand.

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialties of Chiropractic, Osteopathy and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from Chiropractic healthcare services.

ANALYSIS

A Doctor of Chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of a Vertebral Subluxation Complex (VSC). When such VSCs are found, chiropractic adjustments and ancillary procedures may be given in order to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of your body.

DIAGNOSIS

Although Doctors of Chiropractic are experts in chiropractic diagnosis of the VSC, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your Doctor of Chiropractic may express an opinion as to whether or not you should take this step, and will gladly refer you to the appropriate medical specialist; however you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with the Chiropractic tests, diagnosis and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor will not give a chiropractic adjustment or health care if he/she is aware that such care may be contraindicated. The doctor will make every reasonable effort during their examination to screen for such contraindications; however it is the responsibility of the patient to make it known or to learn through health care procedures whether he/she is suffering from latent pathological defects, illnesses, or deformities that would otherwise not come to the attention of the Doctor of Chiropractic. The Doctor of Chiropractic provides a specialized, non-duplicating health service. The Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of Chiropractic services is to promote natural health through the reduction of the VSC. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual, but quite satisfactory, response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. The science of Chiropractic and Medicine may never be so exact as to provide definitive answers to all problems. Among other things, Chiropractic care may reduce pain, increase mobility and improve quality of life.

CERTIFICATION

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

I HAVE READ THE ABOVE PARAGRAPH. I UNDERSTAND THE INFORMATION PROVIDED. ALL QUESTIONS I HAVE ABOUT THIS INFORMATION HAVE BEEN ANSWERED TO MY SATISFACTION. HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE DR NATE BLUME AND/OR DR STACI BLUME TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

Patient Signature

Date

Witness Signature

Consent of Treatment of Minor Child

I, _____ hereby authorize Drs. Blume and whomever they may designate as their assistant to administer chiropractic care as deemed necessary to my minor child or dependent. In addition, by signing below, I give my permission for the above-named patient to be managed by the doctor even when I am not present to observe such care.

Patient Name: _____ Age: _____ DOB: _____

Authorized Signatory: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Signature On File

- I understand that I am responsible for my bill.
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies.
- I permit a copy of this authorization to be used in place of the original.

Name (please print)

Signature: _____ Date: _____

Emergency Contact:

Name: _____ Relationship to Patient: _____

Cell Phone: _____ Alternate Phone: _____