Informed Consent

The doctors at **BACK TO HEALTH CLINIC** wish to inform you of the treatment you will be offered, the potential risks involved, and the alternative treatment options you may consider.

We take your safety and health very seriously. Every precaution will be taken to assure your comfort and health. Every chiropractic patient's treatment is unique, and your personalized treatment may include some or all of the following treatments and procedures:

- adjustments of the spine or extremities
- heat pack application
- massage therapy
- spinal traction
- ultrasound
- electrical Modalities
- x-rays
- exercise rehabilitation
- nutritional counseling
- paraffin bath
- laser

Chiropractic care is a medical procedure. All medical procedures involve some potential risks, although minimal and very rare in chiropractic. Complications are extremely uncommon; however risks may include dizziness, pain, skin discoloration, fracture, dislocation, stroke, burn, electrical shock, swelling, or headache.

Alternatives to chiropractic care include home exercise and stretching, weight control, medicines, and care from other medical providers. *(None of these options are without risk either)*

Item(s) of concern and discussion: _____
_____
_____
_____

____I ACCEPT TREATMENT, and have consulted with the doctor regarding any concerns or questions I have regarding the recommended treatment. I have been informed of the risks and notified of alternative care options.

_____ _____ _____
Patient Signature Printed Name Date

_____ _____
Doctor's Signature Date