

Informed Consent Document

Dr. Patrick Hunt president of Hunt Chiropractic, P.C.
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Name of Patient:

A doctor of chiropractic locates, analyzes and treats vertebral subluxation. The primary chiropractic treatment method is the spinal adjustment. I will use spinal adjustments to treat you.

The Chiropractic Adjustment

I will locate vertebral subluxation, position my hands at these locations and administer a force to correct the subluxation. This procedure may result in an audible sound and you may feel movement.

Risks Associated with Spinal Adjustments

Complications may occur during the deliverance of a spinal adjustment. These include muscle strain, ligament sprain, fracture, disc injury, dislocation, paralysis, stroke, stiffness and soreness.

Risk Probabilities

The above referenced complications are rare. One authoritative source opined that there was a one in one million chance of stroke as the result of a cervical adjustment. (Haldeman, Scott, MD, DC).

Alternative Treatment Options:

- Self treatment to include over the counter medication.
- Medical treatment to include the use of prescription drugs and physical therapy.
- Surgery.
- Hospitalization.

Risks of Alternative Treatment

- Overuse and improper dosage of over the counter medications may produce undesirable side effects.
- Overuse and improper dosage of prescribed medications can lead to undesirable side effects and drug dependence.
- Risks associated with surgery include adverse reactions to anesthesia; surgical errors and protracted periods of convalescence.
- Risks associated with hospitalization include expense, exposure to disease, and physician and staff errors and omissions.

Risks of Not Receiving Chiropractic Treatment:

Risks associated with not receiving chiropractic treatment may include chronic symptomatology, reduced ranges of motion, the onset of arthritis and reduced activities of daily living.

I hereby attest that Dr. Patrick Hunt has explained the type of chiropractic treatment to be utilized, the nature and risks of spinal adjustments, the risk probabilities, alternative treatment options and their associated risks and the risks of not receiving chiropractic treatment. I understand the risks involved in undergoing treatment and have of my own volition decided to undergo the treatment provided by Dr. Patrick Hunt. I hereby give my consent to treatment by Dr. Patrick Hunt.

Patients Printed Name: _____ Date _____

Patient/Guardian's Signature: _____

Witness Signature: _____