

# Bitterroot Chiropractic

Dr. Lucas Pernsteiner

## 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 before you sign if there is anything that is unclear. Do not sign this if you do not understand it. Do not sign it if you do not agree to anything contained within this document.

### Chiropractic

- Chiropractic health care seeks to restore health through natural means without the use of medicine, surgery or other invasive methods. Chiropractic care is not a substitute for traditional medical care, nor is traditional medical care a substitute for chiropractic.

### Analysis/Examination

- A Doctor of Chiropractic (D.C.) conducts an examination for the purpose of determining whether there is evidence of a subluxation complex or joint dysfunction, which is a common cause of pain and internal organ dysfunction. When subluxations are found, chiropractic adjustments and ancillary procedures (such as ice, heat, massage or specific stretches or exercises) may be given in order to restore spinal integrity and health. The presence of a subluxation may be the only finding used to establish the clinical basis for chiropractic adjustments.
- As part of the analysis and examination procedure, you are consenting to any or all of the following procedures:
  - palpation
  - range of motion testing
  - orthopedic testing
  - surface EMG
  - radiographic study as indicated
  - other examination procedures as deemed necessary by the DC which will be explained to you before performed.
  - vital signs
  - muscle strength testing
  - basic neurological testing
  - postural analysis

### Diagnosis

- Although DCs are experts in the diagnosis of subluxations, but they are not MDs. As a chiropractic patient you should be mindful of all your symptoms and secure other opinions if you have any concerns regarding the nature of your total condition. The D.C. will gladly refer you to the appropriate medical specialist, but you are responsible for the final decision.

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**Chiropractic Care (Adjustments and Ancillary Procedures)**

- When you meet with a D.C, you give the doctor permission and authority to care for you in accordance with chiropractic tests, diagnosis and analysis. Through these tests the doctor will make every reasonable effort to establish the status of your condition to the acceptable standard of care and often beyond. By signing below you also give the doctor permission to adjust or manipulate your spine or extremity joints (arms and legs) as deemed appropriate by the doctor using either Manual manipulation, instrument adjustment and/or other methods. The chiropractic adjustment and ancillary procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, acquired or congenital deformities or pathologies may render you susceptible to injury. In the absence of discernable abnormalities, a negative response can still result. Possible negative outcomes include, but are not limited to bruising; stiffness; tearing of soft tissue; fracture; and, at a frequency of about 1/million, cervical adjustment stroke which may or may not be terminal. The doctor will not provide chiropractic adjustments or other therapies if he is aware that such care may be contraindicated or cause injury. Again, the doctor will make every reasonable effort during the examination to screen for such contraindications; however, if you have a condition that would otherwise not come to the doctors attention it is your responsibility to bring such conditions to the doctors attention. You agree that this consent encompasses any care in this office at your current health status and/or with any changes that may occur from this day forward.

**Results**

- Because you are an individual and your health is unique, it is difficult to predict the time schedule or efficacy of chiropractic procedures. Sometimes the response is very fast. In most cases there is a gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two similar conditions may respond differently to the same chiropractic care. The science of chiropractic and medicine may never be so exact that definitive answers to every problem can be provided.

**Certification**

I, \_\_\_\_\_, certify that I have read and understood this informed consent and that my Doctor of Chiropractic has answered any and all questions in this regard to my satisfaction. I hereby consent to chiropractic care from this office.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date