**Informed Consent for Treatment**

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.

**The nature of the chiropractic treatment (also known as an adjustment)**

The primary treatment Dr. Gurusahay Khalsa uses as a Doctor of Chiropractic is spinal and joint manipulative therapy. He will use that procedure to treat you. Dr. Khalsa may use his hands or a specially designed treatment table or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible “pop” or “click,” much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

**Analysis / Examination / Treatment**

As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

\_\_\_ palpation (feeling your bones and muscles) \_\_\_ range of motion testing \_\_\_ orthopedic testing

\_\_\_ spinal manipulative therapy \_\_\_ joint manipulative therapy \_\_\_ vital signs (blood pressure, pulse)
\_\_\_ basic neurological testing \_\_\_ muscle strength testing \_\_\_ postural analysis testing

\_\_\_ Applied Kinesiology (the use of muscle testing in the diagnosis and treatment of health problems)

\_\_\_ hot/cold therapy \_\_\_ radiographic studies (x-rays) \_\_\_ nutritional counseling and recommendations
\_\_\_ I consent to allow Dr. Khalsa to perform all of the above procedures as appropriate for my care

\_\_\_ Other (please explain)

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*Please initial each procedure you are agreeing to have Dr. Khalsa perform (or “all of the above”)*

**The material risks inherent in chiropractic adjustment**s

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. Dr. Khalsa will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to Dr. Khalsa’s attention (surgeries, prior and recent injuries, pregnancy, bleeding disorders, drugs that you are currently or recently taking), it is your responsibility to inform him.

 **The probability of those risks occurring**

Fractures are rare occurrences and generally result from some underlying weakness of the bone which Dr. Khalsa checks for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

 **The availability and nature of other treatment options**

Other treatment options for your condition may include:

 • Acupuncture

 • Massage therapy by a licensed acupuncturist

• Self-administered, over-the-counter analgesics and rest

• Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers

• Hospitalization

• Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

**The risks and dangers attendant to remaining untreated**

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

 **PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW**

 **I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Gurusahay Khalsaand have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.**

 **Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gurusahay Khalsa, DC, DiplAc**

**Patient’s Name Doctor’s Name**

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**Signature Signature**

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**Signature of Parent or Guardian**

**(if a minor)**