

# HETRICK CHIROPRACTIC

## Informed Consent & Office Policy (March 1, 2012)

**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 feel free to ask questions before you sign if there is anything that is unclear.**

### **INFORMED CONSENT**

#### **Chiropractic**

- Chiropractic health care seeks to restore health through natural means without the use of medicine, surgery or other invasive means. 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 (DC) 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 and exercises) may be given in order to restore spinal integrity and health.
- As a part of the analysis and examination procedure, you are consenting to the following procedures:  
Palpation, range of motion testing, orthopedic testing, postural analysis, radiographic study as indicated explained to you before performed, vital signs, muscle strength testing, basic neurological tests, other examination procedures as deemed necessary by the DC which will be explained to you before performed.

#### **Diagnosis**

- Although DCs are experts in the diagnosis of subluxations, they are not Medical Doctors. As a chiropractic patient you should be mindful of your own symptoms and should secure other opinions if you have any concerns as to the nature of your total condition. The DC may express an opinion as to whether or not you should take this step, and will gladly refer you to the appropriate medical specialist; but you are responsible for the final decision.

#### **Chiropractic Care (Adjustments & Ancillary Procedures)**

- In coming to a DC, you give the Doctor permission and authority to care for you in accordance with the Chiropractic tests, diagnosis and analysis. The chiropractic adjustment and ancillary procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render you susceptible to injury (including but not limited to bruising; stiffness; in extremely rare cases, fracture; and at a frequency of 1-4 per million manual cervical adjustments, stroke which may or may not be terminal). The Doctor will not give a chiropractic adjustment or health care if he/she is aware that such care may be contraindicated or cause injury.
- 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 Doctor's attention it is your responsibility to bring such condition to the Doctor's attention.

#### **Results**

- You are an individual and your health is unique, therefore it is difficult to predict the time schedule or efficacy of Chiropractic procedures. In many cases the response is phenomenal. In some 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 every problem.

## OFFICE POLICY

- We welcome you as a new patient to our office. We invite you to discuss with us any questions regarding our services.
- Our policy requires payment in full rendered at the time of service, unless other arrangements have been made with our staff.
- Please adhere to the recommended treatment schedule. The frequency of visits is based on each person's individual needs and is designed for your best response.
- Please be on time for your appointments. As our treatment methods require adequate time, coming late for your appointments is not acceptable to the office and will not serve your health interests. If an emergency should arise, please call the office and ask if you should come in for the appointment or reschedule to a later time.
- Our office requires 24 hour notice on all cancellations. In the case of any late cancellations or missed appointments, there will be a \$25 charge. Patients that repeatedly miss appointments will be charged for the full amount of the scheduled treatment.
- Our office has an answering machine on order that we may serve you efficiently. If the office is closed, please leave your name, telephone number (including area code), and your message on the machine. We will return your call as soon as possible.

### Certification of Consent

I, \_\_\_\_\_, certify that I have read and  
(print your name here)

understand this Informed Consent and Office Policy 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 Hetrick Chiropractic.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Signature of Witness \_\_\_\_\_

### Consent of Treatment for Minor Child

I, \_\_\_\_\_ hereby authorize  
(print name of legal guardian here)

Hetrick Chiropractic to administer chiropractic care as deemed necessary to

\_\_\_\_\_.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of legal guardian \_\_\_\_\_

Signature of witness \_\_\_\_\_