KEYSTONE
CHIROPRACTIC
& SENSORY DEVELOPMENT CENTER

Informed Consent

- We encourage and support a **shared decision making process** between us regarding your health needs.
- **Chiropractic** is based on the science which concerns itself with the relationship between structures (primarily the spine) and function (primarily of the nervous system) and how this relationship can affect the restoration and preservation of health.
- **Adjustments** are made by chiropractors in order to correct or reduce spinal and extremity joint subluxations. **Vertebral subluxation** is a disturbance to the nervous system and is a condition where one or more vertebra in the spine is misaligned and/or does not move properly causing interference and/or irritation to the nervous system. The primary goal in chiropractic care is the removal and/or reduction of nerve interference caused by vertebral subluxation.
- A **chiropractic examination** will be performed which may include spinal and physical examination, orthopedic and neurological testing, palpation, specialized instrumentation, radiological examination (x-rays), and laboratory testing.
- The chiropractic adjustment is the application of a precise movement and/or force into the spine in order to reduce or correct vertebral subluxation(s). Among other things, chiropractic care may reduce pain, increase mobility and improve quality of life.
- In addition to the **benefits** of chiropractic care and treatment, one should also be aware of the existence of some risks and limitations of this care. **Risks** associated with some chiropractic treatment may include soreness, musculoskeletal sprain/strain, and fracture. In addition there are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in process. However, you are being informed of this reported association because a stroke may cause serious neurological impairment.
- I have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the risks of care, including the risk that the care may not accomplish the desired objective. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I understand the information provided, all questions and concerns have been addressed and I understand fully the care that will be provided to me and the possible risks. Having this knowledge, I knowingly authorize Keystone Chiropractic & Dr. Aaron Cunningham DC to proceed with chiropractic care for me.

_____ Date: _____ _____ Date: _____

Patient's Name Dr. Cunningham's signature

_____

Patient's Signature

Parental Consent for Minor Patient:

Patient Name (minor) _____ Relationship to patient: _____

Patient age: ____ DOB: _____ Signature of legal guardian _____