

**BAIRD CHIROPRACTIC CENTER, INC
CONSENT FOR CHIROPRACTIC TREATMENT**

Nature of Chiropractic Treatment

Prior to beginning treatment, you will be given a physical examination that can include taking vital signs, range of motion testing, muscle strength testing, palpation, orthopedic testing, neurological testing and X-rays. Once your condition has been diagnosed, the primary method of treatment will be spinal manipulation, also known as spinal adjustment. An adjustment is a quick, precise movement of the spine over a short distance. Adjustments are usually performed by hand but may be performed by hand-guided mechanical instruments. In addition to spinal manipulation, treatment can also involve other forms of therapy including ultrasound, electrical stimulation, traction, hot and cold packs, hydrotherapy, infrared heat, exercise and nutritional supplements.

Risks of Chiropractic Treatment

All health care procedures carry some degree of risk. The most common side effect of spinal adjustments is short-term muscle soreness. More serious side effects can include bone fractures, muscle strain, ligament sprain, joint dislocation and injury to the discs, nerves or spinal cord. Some manipulations of the upper spine have been associated with injury to the arteries in the neck, which could cause or contribute to a stroke. However, documented cases are exceedingly rare, and it has been estimated by researchers that the probability of a spinal adjustment causing a stroke is one in several million.

As for chiropractic therapies other than spinal manipulation, the risks are also very slight but can include skin irritation or burns. Compared to other forms of health care, chiropractic is extremely safe, and complications are generally rare.

Treatment Options Other Than Chiropractic

Other treatment options for your condition may include:

- Self-administered, over-the-counter (OTC) analgesics;
- Medical care and prescription drugs, such as muscle relaxers, pain killers and drugs to reduce inflammation;
- Surgery;
- Remaining untreated.

If you decide to pursue other treatment options, you should discuss the risks and benefits with your medical physician. Remaining untreated carries its own risks and may allow the formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce mobility and induce chronic pain cycles.

Unusual Risks

If your pre-treatment examination reveals any health issues that would make some forms of chiropractic treatment inadvisable (contra-indicated), your chiropractor will explain the risks to you and answer any questions you may have.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me (or on the patient named below for whom I am legally responsible) including various modes of physical therapy by the chiropractic physician and/or any trained staff authorized by the chiropractic physician.

I understand that such chiropractic services may be performed by the Physician of Chiropractic, Dr. Baird, and/or other licensed Physician of Chiropractic who may treat me now or in the future at this office. I have had an opportunity to discuss with Dr. Baird and/or trained staff the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed. I do not expect the physician to be able to anticipate and explain all risks and complications. Further, I wish to rely on the physician to exercise judgment during the course of my treatment as to what is in my best interest at the time, based upon facts then known.

I have read, or have been read to me, the above consent. I have also had an opportunity to ask questions about it consents, and by signing below, I agree to the treatment recommended by my physician. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility.

Patient Name – Printed	Signature	Date
Personal Representative – Printed	Signature	Date
Staff Witness Signature		Date