



Optimal Wellness Chiropractic Center, P.C.
5755 North Point Parkway, Suite 48
Alpharetta, GA 30022
678.893.0060

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.

The nature of the chiropractic treatment.

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands 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.

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulations and therapy. The complications include but are not limited to; fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costvertebral strains and separations, and burns. Some types of manipulations of the neck have been associated with injuries to the arteries of the neck leading to or contributing to serious complications including stroke. Some patients will feel stiffness and soreness following the first few days of treatment. We will make every reasonable effort during the exam to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

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.**

I have read [] or have had read to me [] the above explanation of the chiropractic adjustments and related treatment. I have discussed with (insert Dr's name) and 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 my best interest to undergo treatment recommended. Having been informed of the risks, I hereby give my consent to treatment.

Date: _____

Patient's name

Signature of Patient or Parent/Guardian (if patient is a minor)