

Harbour Healthcare, Inc.

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www.myharbourhealthcare.com

Informed Consent to Care

Chiropractic is predicated on the science which concerns itself with the relationship between structures (Primarily the spine) and function (primarily of the nervous system) of the body and the how this relationship can affect the restoration and preservation of health. You are seeking care from and is administered by a licensed D.C. (Doctor of Chiropractic).

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices about your health and health care. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives to that care, and the potential effect on your health if you choose not to receive the recommended care.

We will conduct examination and diagnostic procedures as indicated by your condition. Any examinations or tests conducted will be carefully performed but depending on your circumstance (your pain level for example) it is possible that these procedures may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. These may include the use of electrical muscle stimulation, ultrasound, hot and/or cold therapy, spinal traction, rehabilitative exercise, soft tissue procedures, massage and/or dietary advice or nutritional supplementation.

When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

As with all types of health care interventions, it is important that you understand that results are not guaranteed and there is no promise to cure, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from ultrasound, electrical stimulation and from hot or cold therapies, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an “arterial dissection” that typically is caused by a tear in the inner layer of an artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. Cervical arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, despite best efforts a percentage of these patients will experience a stroke.

The reported temporal association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison,

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the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are health care options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

CONSENT FOR CHIROPRACTIC CARE

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the recommended chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers at Harbour Healthcare for my present condition and for any future condition(s).

I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. ALL QUESTIONS I HAVE ABOUT THIS INFORMATION HAVE BEEN ANSWERED TO MY SATISFACTION. HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE THE PROVIDERS AT HARBOUR HEALTHCARE TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

DATED THIS ____ DAY OF _____, 20____, PORTSMOUTH, VIRGINIA

NAME: _____ SIGNATURE: _____

Parental Consent for Minor Patient:

Patient Name: _____ Patient age: ____ DOB: ____/____/____

Name of person authorized to sign for minor patient:

(print) _____

Relationship to Patient: _____

Signature: _____