VAUGHAN PHYSIOTHERAPY CLINIC

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Scan for your patient portal: book, forms and receipts

Chiropractic Informed Consent

Get better today.

Please read this before your first chiropractic treatment. Your chiropractor will go over it with you and answer your questions before you sign.

Patient name *		**Date of birth ***	Y Y Y Y - M M - D D

Assessment and treatment

Chiropractic care starts with a history and examination. Treatment may include spinal and joint manipulation (a quick, controlled movement that may make a popping sound), mobilization, soft tissue therapy, exercise, education, and modalities such as heat, ice or electrical stimulation. Your chiropractor will explain what they recommend for you, why, and what to expect.

Benefits, risks and alternatives

Benefits can include less pain, better movement and function, and a faster return to activity. Common side effects are temporary soreness, stiffness or tiredness that usually settle within 24 to 48 hours. Uncommon risks include sprains or strains, and burns or skin irritation from heat or electrical therapy. Rare risks include rib or other fractures (mostly in people with weakened bones) and disc injury. Very rarely, a stroke caused by injury to an artery in the neck has been associated with neck manipulation; this is extremely rare, and your chiropractor screens for warning signs before treating the neck.

Alternatives include other manual therapy, exercise therapy, medication from your doctor, injections, or no treatment. You can ask that some techniques, such as neck manipulation, not be used.

Your rights

You can ask questions at any time, refuse any part of treatment, and withdraw your consent at any time, including during a treatment, without it affecting your other care at the clinic. Tell your chiropractor straight away if anything feels wrong during or after treatment.

Please tell us if any apply	☐ Osteoporosis ☐ Blood thinners ☐ Recent neck injury ☐ Stroke or TIA ☐ Joint replacement or metal implant ☐ Pregnant ☐ None
I do not want these techniques (optional)	
I have read and understood this information, my questions were answered, and I consent to chiropractic assessment and treatment.	☐ I agree

Signature *		**Date ***	Y Y Y Y - M M - D D
Signing for patient (name, relationship)			
Chiropractor name and signature *		**Date ***	Y Y Y Y - M M - D D