MALKMUS

Chiropractic Acupuncture

Malkmus Chiropractic & Acupuncture – Consent to Examination and Chiropractic Treatment Procedures

To Our Patients:

It is important that you fully understand all the information presented to you regarding care in our clinic. Please read the following document in its entirety and ask any questions you have regarding the contents prior to signing.

General Information Regarding Chiropractic Treatment:

Many different methods of treatment are available from chiropractors, and at our office. The primary treatment utilized is spinal and extremity manipulation. It is likely that this form of treatment will be utilized in your care at this clinic. Chiropractic manipulation is performed utilizing the doctor's hands or an instrument with the intent to restore normal motion of a joint or joint complex. This treatment may induce a "pop" or "crack" sound like what is heard when "popping your knuckles". In addition to audible cues, you may also sense movement in the joint or joint complexes being treated.

Risks of Chiropractic Treatment and Probability of These Risks Occurring:

All patient care incurs some amount of risk, and the amount of risk involved should be considered when deciding on the optimal treatment method. Oftentimes patients may experience localized soreness and/or stiffness following initial treatments. Additional risks that are inherent to chiropractic manipulation include but are not limited to muscle strain(s), joint sprain(s), costovertebral strains and/or separations, dislocations, spinal disc injuries, fractures, and cervical myelopathy. There has been an association between manipulation of the neck and injury to arteries of the neck which could contribute to serious complications including stroke. Your doctor will make every reasonable effort to avoid complications and screen contraindications to treatment in your examination. If you have a condition that would not otherwise be brought to your doctor's attention it is your responsibility to inform them prior to treatment.

Phone: (417) • 614 • 5222 | Email: info@malkmuschiropractic.com | Fax: (417) • 614 • 2288
2053 S. Waverly Ave, STE B, Springfield, Missouri, 65804

Fractures are a rare occurrence and generally result from an underlying weakness of the bone. The likelihood of this occurrence will be evaluated by your doctor during your patient history and/or during your examination and/or X-ray evaluation. Stroke and/or arterial dissection following chiropractic manipulation of the neck is a subject of ongoing medical research and debate. Current research on the topic is largely inconclusive as to the specific incidence of this complication occurring. If there is a relationship at all it is incredibly rare and remote.

Alternatives to Chiropractic Care:

Depending on your condition, or conditions, alternatives to chiropractic manipulation being utilized may include:

1. Self-administered, over the counter analgesics and rest
2. Medical care, including prescription medications
3. Physical therapy, massage therapy, or other applicable therapy
4. Hospitalization
5. Surgery

If you choose to explore one or more of the alternative options listed above, keep in mind that there are specific risks and benefits to each, which should be discussed fully with your medical provider.

Risks in Remaining Untreated:

There are numerous risks associated with remaining untreated. Depending on your specific condition(s) these range from no residual effect to permanent disability. In addition to prolonged effects, avoiding treatment of your condition(s) may result in prolonged time and expense needed to successfully treat your condition(s)

.

Phone: (417) • 614 • 5222 | Email: info@malkmuschiropractic.com | Fax: (417) • 614 • 2288
2053 S. Waverly Ave, STE B, Springfield, Missouri, 65804

MALKMUS

Chiropractic Acupuncture

Consent to Examination and Treatment

By initialing you verify that you consent to:

_____ Assessment of vital signs, inspection and palpation, range of motion testing, orthopedic and neurological testing, and any other testing that your doctor may routinely utilize to assess your condition(s)

_____ Treatment procedures including spinal and extremity manipulation, passive therapies including ultrasound, electrical stimulation, cold laser, hot/cold therapy, soft tissue therapy, and functional taping, active therapies including balance/gait training, therapeutic exercise, and other activity-based therapies, as well as any other routine treatments that your doctor may utilize and discuss with you.

PLEASE DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY, AND ANY QUESTIONS ARE SATISFACTORILY ANSWERED.

By signing this document, I agree that I have read or had read to me the above explanations pertaining to examination and treatment procedures applicable to my care at Malkmus Chiropractic & Acupuncture. In addition, any, and all questions have been fully and satisfactorily addressed. I have weighed the risks and benefits to undergoing treatment at Malkmus Chiropractic & Acupuncture and decided to proceed with care, herby giving consent to these procedures. If I am signing on behalf of a minor, I have the legal right to select and authorize healthcare services for this individual: _____. This authorization extends to all other providers and support staff at or associated with Malkmus Chiropractic and Acupuncture LLC.

(Print): _____ (Signed): _____ (Date): ____/____/_____

Phone: (417) • 614 • 5222 | Email: info@malkmuschiropractic.com | Fax: (417) • 614 • 2288

2053 S. Waverly Ave, STE B, Springfield, Missouri, 65804