MALKMUS

Chiropractic Acupuncture

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

Many different methods of treatment are available from chiropractors, and at our office. The primary treatment discussed with this consent form is Acupuncture therapy. Acupuncture therapy is performed utilizing very fine gauge needles that are inserted into the skin at specific points. Acupuncture therapy is utilized to treat a variety of conditions and may utilize a greater or fewer number of needles depending on the condition being treated.

Risks of Acupuncture 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 pain and/or bruising during and following acupuncture treatments. Additional risks that are inherent to acupuncture therapy include but are not limited to bleeding, and the possibility of pneumothorax. There has been an association between improper acupuncture needle technique and puncture of the chest cavity, resulting in pneumothorax. 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.

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Alternatives to Acupuncture Therapy:

Depending on your condition, or conditions, alternatives to Acupuncture therapy 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).

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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)

_____ Acupuncture treatment procedures

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): ____/____/_____

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