

Consent to Chiropractic Care

Chiropractic care is recognised as being an effective and safe method for many conditions. However you must recognise that there are risks associated with all health care procedures, including assessment and treatment, which you should be informed about.

Please read the following carefully:

1. I acknowledge that I have discussed with Dr. Vey Lian Chan the rare risks associated with my proposed care which include but are not limited to muscle and joint soreness or strains, nausea and dizziness, fractures, disc injuries including disc encroachments/ruptures, causing nerve irritation and referred symptoms, strokes (or like episodes) and an exacerbations and/or aggravation of my underlying conditions. Such risks may result in outcomes such as referral, further tests, surgery incapacity and the like.
2. I have had the opportunity to discuss the proposed care with Dr. Vey Lian Chan. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed chiropractic care and that I have been given sufficient time to make a decision giving consent for the care to proceed.
3. I acknowledge that I am aware and understand the potential risks. I appreciate that results are not guaranteed.
4. I do not expect that the practitioner to be able to anticipate all potential risks and complications associated with proposed care.
5. I hereby acknowledge my consent to the performance of the proposed chiropractic care by Dr. Vey Lian Chan. I understand that I can withdraw consent at any time.

In very rare circumstances, some treatments of neck may damage a blood vessel and lead to stroke or related symptoms (current statistic e.g. between one in 20 million to one in 5.85 million – Haldeman et al. Spine vol 24-8 1999). Other possible risks include strain/injury to a ligament or a disc in the neck (current statistics e.g. less than one in 139,000) and the low back (current statistics e.g. one in 62,000 Dvorak study in Principles & Practice of Chiropractic, Haldeman 2nd Ed.) For some patients especially with bone weakening diseases, a fracture of a bone although rare is possible.

Careful attention to the questions below will help us to ensure that these risks are minimized and the appropriate treatment is provided:

Do you smoke?	Yes/No	
Long term medication such as cortisone or contraceptive pill	Yes/No	
Are you pregnant?	Yes/No	1 st / 2 nd / 3 rd Trimester

Previously diagnosed as having:

Stroke (TIA)	Yes/No
Cancer	Yes/No
High blood pressure	Yes/No
Heart problems	Yes/No
Diabetic	Yes/No
Other serious illness	Yes/No

Have you at present or in the past ever experienced episodes of:

Dizziness upon turning your head	Yes/No
Pain waking you at night	Yes/No
Pins & Needles/Numbness in the face, arms or legs	Yes/No
Fainting or Blackouts	Yes/No
Problems passing urine	Yes/No
Weakness in arms or legs	Yes/No
Being knocked unconscious	Yes/No
Pain with straining, coughing or sneezing	Yes/No

Patients Signature..... Name.....

Parent or Guardian to sign if under 18 Name.....

Date.....