

About the Informed Consent Form

Due to an increase in the use of informed consent forms within our profession, it has become a necessity for Wells Chiropractic Center to use this form as well. This form speaks about certain risks that could be involved with receiving chiropractic care. Although the risks are extremely low, they are still real. While signing an informed consent form is not required by law, it is rapidly becoming standard procedure across the state and country. Therefore, we need to document in your records that you have been informed of the risks.

This type of form is used in the medical field in almost all aspects of medical care and procedures performed. An example, as in the case of anesthesia before surgery. The form may state something to the effect of: "By signing this form you understand that some people, in rare occasions, die from anesthesia." The incidence of death due to anesthesia is very low, yet there are no surgical procedures, requiring anesthesia, performed anywhere across the United States without a signed Informed Consent Form. The same applies here - the chance of your having any of the complications is very low. In fact, studies show that a person is many, many times more likely to die as a result of complications from taking aspirin or ibuprofen than he or she is to be seriously injured by chiropractic adjustments. However, regardless of the frequency, complications are possible, thus the Informed Consent.

Please read the Informed Consent Form thoroughly. If you have any questions, please let your doctor know, and he or she will be pleased to discuss them with you. If you have no further questions, please sign the form and we will place it in our records.

Informed Consent to Chiropractic Treatment

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures. This includes various modes of physical therapy and diagnostic radiographs performed on me or on the patient named below, for whom I am legally responsible. I further understand that this may be performed by the Chiropractic Physicians Dr. Keith Wells / Dr. Nancy Fleming and / or other licensed Chiropractic Physicians who may treat me now or in the future at this office. This will include those employed by, working for, or associated with Wells Chiropractic Center, PLLC.

I have had an opportunity to discuss with Dr. Wells, Dr. Fleming or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine, the practice of chiropractic carries some risks to treatment, including, but not limited to, fractures, disc injuries, strokes (CVA), dislocations, and sprains. I do not expect the physician to be able to anticipate and explain all risks and complications. Further, I wish to rely on the physician to exercise judgment during the course of the procedures which the physician feels are in my best interests, at the time, based upon the facts then known.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its contents, and by signing below, I agree to the treatment recommended by my physician. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility.

To be completed by the patient:

To be completed by the patient's representative, if necessary. (e.g. if the patient is a minor or is physically or mentally incapacitated)

Print Patient's Name

Print Name of Patient

Print Name of Representative

Signature of Patient

Signature of Representative

Date

Date