



INFORMED CONSENT TO TREATMENT

Some risks or complications that may occur during treatment by Integrated Spine and Sports and staff include:

- a) Manual Soft Tissue Treatment : local discomfort, skin reddening , tissue bruising, release of emboli (rare), post treatment soreness, or increase in pain which can last up to 72 hours or notice symptoms shift to different areas which is rarely a concern.
- b) Active Rehab Exercises: aggravation of present condition, blood pressure changes, increased heart rate
- c) Kinesio-Tape : itching, skin irritation, allergic reactions, discoloration, and or blistering
- d) There have been reported cases of injury to a vertebral artery following a cervical spine adjustment which have been known to cause strokes. The possibility of such injuries resulting from cervical spine adjustment is extremely remote.

I understand and am informed that, as in the practice of medicine and all health care, the practice of chiropractic care and physical medicine may carry some risks, like mentioned above. I do not expect the health care professional/professionals and staff at Integrated Spine and Sports to explain all risks and complications. Further I wish to rely on their professional and clinical judgment during the course of any treatment which the health care professional feels are in my best interests at the time, based upon the facts then known.

Knowing that I have a condition requiring health care, I voluntarily consent to treatment performed by the health care professional. I understand and have been informed on the methods of treatment and the potential risks of the treatment.

I have read fully and understand the above statements and I authorize Integrated Spine and Sports personnel to administer treatment as deemed necessary. I intend this consent to apply to all my present and future care.

PATIENT IS TO SIGN BELOW AND RETURN TO THE STAFF OR CHIROPRACTOR.

Patient Signature: _____ Date: _____