

Advanced Relief Chiropractic & Acupuncture

AUTHORIZATION TO TREAT

I hereby authorize ADVANCED RELIEF CHIROPRACTIC & ACUPUNCTURE, Dr. Rande Poortvliet-Ward and all staff to administer chiropractic and acupuncture care as deemed necessary.

Patient Name

Patient Signature

Witness

Date

INFORMED CONSENT

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the physician's hands or with the use of a machine. Frequently, adjustments create a "popping" or "clicking" sound/sensation in the area being treated.

In this office, we use trained assistants who may at any time assist the physician with portions of your consultation, examination, taking x-rays, physical therapy application, traction, massage therapy, exercise instruction, acupuncture, etc. On the occasion when your physician is unavailable, your care may be handled by another physician or trained assistant.

Physical Therapy Burns: Some machines we use generate heat. We also use heat and ice and occasionally recommend them for home use. Everyone's skin has different sensitivity to these modalities and rarely heat or ice can burn or irritate the skin. The result is a temporary increase in skin pain, and there may be some blistering of the skin. These problems occur so rarely that there is no available statistics to quantify their probability.

Soreness: It is common for chiropractic adjustments, traction, massage therapy, exercise, etc., to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but if it occurs, be sure to inform your physician.

Disk Herniation: Disk herniations that create pressure on a spinal nerve or the spinal cord are often successfully treated by chiropractors and chiropractic adjustments, traction, etc. This includes both in the neck and back. Yet, occasionally, chiropractic treatment (adjustments and therapies) will aggravate the problem and rarely, may cause a disk problem if the disk is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft tissue is primarily referred to as muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely, a chiropractic adjustment may tear some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term effects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

Stroke: Stroke is the most serious problem associated with chiropractic adjustments. Stroke means that a portion of the brain does not receive oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The chiropractic adjustment that is related to the vertebral artery stroke is called Extension-Rotation Thrust Allas adjustment. We DO NOT use this type of adjustment on our patients. Other type of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. The most recent studies estimate that the incident of this type of stroke is 1 per every 3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Other problems: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Informed consent to Oriental Medical Health Care: I hereby request and consent to treatment utilizing: Acupuncture, Tuina, Chinese Herbal Therapy, and other oriental medical procedures including diagnostic techniques such as tuina, manipulations of the joints and/or other viscera, heat and/or cold therapy and electrical and/or magnetic stimulation, cupping and/or moxibustion; the prescription of herbal and homeopathic medicines as well as dietary supplements, dietary recommendation, exercise advice and healthy lifestyle counseling. I understand and am informed that, as in practice of allopathic medicine, in the practice of oriental medicine there are some risks to treatment. I understand that these risks include but are not limited to: slight bleeding, bruising, pain or strong sensation and the location, nerve pain, minor burns, aggravation of the current symptoms, appearance of new symptoms, and general aches. Other uncommon but possible risks include pneumothorax, puncture of other organs, sprain, strain, and etc. I intend for this consent form to cover the entire course of treatment for my present condition(s) for which I am seeking treatment.

Chiropractic care is a system of health care delivery, and therefore, as with any health care deliver system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment with this clinic. We will always provide you with the best care and if results are not acceptable, we will refer you to another health care provider who we feel may assist your condition.

If you have any questions on the above information, please ask your physician. Once you have a full understanding, please sign and date below.

_____	_____
Patient Name	Patient Signature
_____	_____
Witness	Date

CANCELLATION POLICY

I _____ understand that by not calling and giving Advanced Relief Chiropractic a 24 hour notice prior to cancelling an appointment, I may be charged for my office visit. I also understand that cancelling an appointment with any service provided through Advanced Relief Chiropractic, such as a massage appointment with Tiffany Kelly, Lic MT, will be subject to the same cancellation policy.

_____	_____
Patient Name	Patient Signature
_____	_____
Witness	Date