



**DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC**

**CHIROPRACTIC**

Chiropractic is based on the fact that your body is a self-regulating, self-healing organism. These important functions are controlled by the brain, spinal cord, and all the nerves of the body. The skull protects the delicate tissues of the brain. The moving bones of the spine protect the vulnerable communication pathways of the spinal cord and nerve roots. Chiropractic is the science of locating bony structures that are irritating or impairing normal body function, the art of reducing their impact on the body, and the philosophy of all things natural.

**ANALYSIS**

A doctor of chiropractic conducts a clinical analysis for the express purpose of determining if there is evidence of a loss of normal motion or position of the bones of the body. When found, chiropractic adjustments and ancillary procedures may be given in an attempt to restore neuro/musculo/skeletal integrity.

**DIAGNOSIS**

Although doctors of chiropractic are experts in chiropractic diagnosis, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your doctor of chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

**INFORMED CONSENT**

A patient, in coming to the doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. While mild soreness after the first few treatments is not uncommon, significant complications are extremely rare and improbable. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. The risks associated with other types of care, including medication and surgery, are extremely high by comparison with chiropractic approaches. Remaining untreated poses a higher risk of further deterioration or complication of most conditions causing its future treatment to be less likely to alleviate the symptoms and/or rendering it more difficult or impossible to rehabilitate the problem.

By signing this form I am stating that I feel it is in my best interest (or said minor's interest) to undergo the diagnostic exams (including x-rays, if needed) and treatments that are recommended to me, and that all my questions have been answered to my satisfaction.

**IN WITNESS WHEREOF, this Agreement has been entered into the day and year set forth below.**

-----  
Printed name of patient

-----  
Witness

-----  
Signature of patient/guardian

-----  
Date