



Informed Consent to Treat

PATIENT: _____ DATE: _____

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. In anything is unclear, please ask questions before you sign.

The nature of the chiropractic adjustment

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible “pop” or “click,” much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

Analysis / Examination / Treatment

YES, ___ I allow the doctor to perform any and all analysis, examination procedure and treatment allowed within his scope of practice, and wish to rely on the doctor to exercise judgment during the course of care, which the doctor feels at the time, based upon the facts then known, is in my best interests. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment at Thrive 20/20, a Kauffman Chiropractic, Inc. This may include all of, but not limited to, the below listed procedures

IF NO ABOVE, I am consenting to the following procedures of the analysis, examination, and treatment:

___ spinal manipulative therapy ___ palpation ___ vital signs ___ range of motion testing
___ orthopedic testing ___ basic neuro tests ___ muscle strength testing
___ postural analysis ___ Soft-tissue therapy ___ ultrasound ___ hot/cold therapy
___ Electrical Stim ___ mechanical traction ___ Low Level Light Therapy
___ Stretching/Exercise ___ Other _____

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for during the taking of your history and during examination.

To be completed by patient:

Print Patient's Name

To be completed by patient:

Print Patient's Name

X
Signature of Patient Date Signed

To be completed by patient:

Print Patient's Name

X
Signature of Patient Date Signed



How did you hear about us? • Our Website • Google • Yelp! • Patient Ref
• Doctor/Professional Referral / Other: _____

DOCTOR USE ONLY

PATIENT: _____ DATE: _____

CHIEF COMPLAINT	C/S	T/S	L/S	HT		WT
				Pulse		Left BP
		R / L / B		Lt Funct. Maneuver		
				Rt Funct. Maneuver		

Location		Cervical AROM +/- 5 Flex /45 +P, S, T Ext /45 +P, S, T
Radiation		RLF /45 +P, S, T LLF /45 +P, S, T
Onset		RRot /80 +P, S, T LRot /80 +P, S, T
Mechanism of injury		Lumbar AROM +/- 5 Flex /80 +P, S, T Ext /30 +P, S, T
Palliative		RLF /20 +P, S, T LLF /20 +P, S, T
Provocative		RRot /50 +P, S, T LRot /50 +P, S, T
Quality		Visual Analysis: The patient is: Left / Right-handed / Ambidextrous Head tilted to the: Left / Right / Normal
Timing	Constant Comes/Goes Daily	Shoulder is high on the: Left / Right / Normal Ilium is high on the: Left / Right / Normal
Other		The patient's gait is: Normal / Stooped / Guarded / Slow / Limping With Aid / Wheelchair
Intensity	_____/10 at exam ____/10 most severe	Lumbar Reflexes: Patellar (L4) Hamstring (L5) Achilles (S1) ↑ wnl ↓ R / L
Associated Signs and Symptoms		Cervical Reflexes: Biceps (C5) Brachiorad (C6) Triceps (C7) ↑ wnl ↓ R / L
Prior Episodes		Functional Tests: Sit-up Test Prone Instability Hip Ext Test SCM test Neck Flex Test P Weak WNL R / L

Lumbar Sensory: L1, 2 (inguinal), L2, 3 (ant/lat. Fem Cut) , L3, 4 (medial shin), L4-S2 (Ant/lat shin/foot) L5-S1 (post calf/lat foot) ↑ wnl ↓ R / L

Muscle Testing: Quadricep (L3,4), Hip Flexor(L1-L3), Tib Ant. (L4, L5), Ext Hal Long (L4 L5 S1), Per. Long., (L5, S1) WNL ↓ R / L

Lumbar Ortho Testing: SLR (supine/seated), Valsalva, Kemps, Patricks, Thomas, Yeomans, Elys, Nachlas , Prone Press-up + -

Cervical Sensory: Axillary N. (C5), Musculocutaneous (C6), Middle Finger (C7), Med Antebracial (C8), Med

Brachial (T1) ↑ wnl ↓ R / L

Muscle Testing: Biceps (C5) Deltoid (C5) Wrist Extension (C6) Wrist Flexion (C7) Finger

Ext (C7) Triceps (C7) Finger Flexion (C8) Interossei (T1) WNL ↓ R / L

L

Cervical Orthopedic Testing Cervical Compression Cervical Distraction Shoulder Depression

SotoHalls

Upper Limb Tension

TOS Tests

Shoulder Imping

+

-

Additional Notes:

