

## INFORMED CONSENT

The State of Wisconsin requires that patients be informed of potential risks of treatment, as well as possible alternatives to treatment prior to the onset of care. The following is the Bakke Chiropractic Clinic's Informed Consent. We intend for this consent form to cover the entire course of your treatment, and for any future conditions for which you seek treatment at the Bakke Chiropractic Clinics.

### The Nature of Chiropractic Treatment:

The doctor will use his/her hands or a mechanical device in order to manipulate (adjust) the spine and/or your extremity joints. You may hear a "click" or "pop", similar to when a knuckle is "cracked". You also may feel movement of the joint. Various other procedures, such as electric muscle stimulation, therapeutic ultrasound, exercise instruction, or therapeutic massage may be use in your treatment.

### Possible Risks and Probability of Occurrence:

There are some inherent risks in any and all treatment delivered by any health care provider, from taking a single aspirin to complicated surgery. Chiropractic is no exception. Although we take every precaution, there are some slight risks to chiropractic manipulative treatment (adjustments). A minority of patients may notice stiffness or soreness after the first few days of treatment. The risks are very minor to almost nonexistent in the treatment of the extremities. The ancillary physiologic therapeutic treatment to the spine, including the neck, are listed below along with the probability of the risk occurring. ● Muscular Strain or ligamentous sprain ● Injury to an Intervertebral disk, nerve or bone (very rare occurrence). The risk involved in treatment of the neck may also include the very remote possibility of a cerebrovascular injury, or stroke. This is an extremely rare complication. Chances of this type of complication occurring are reported to be between 1.3 in one million and 1 in ten million neck manipulations (adjustments). These risks are further reduced by the screening procedures used by the doctors at the Bakke Clinics.

### Treatment Options other than Chiropractic Treatment:

**Medical Care:** Typically, anti-inflammatory drugs, tranquilizers, and painkillers are recommended by medical doctors. Risks of these drugs include numerous undesirable side effects. There is also the possible risk of patient dependency on medication in some cases.

**Surgery:** Surgery, in conjunction with the above medical care, has the additional risk of adverse reaction to anesthesia and infection, often includes a prolonged convalescent period, and though rare, has included death.

### Risks of Remaining Untreated:

Delay in receiving treatment for spinal and other joint injuries may allow for formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce mobility and result in chronic pain. It is probable that delay in receiving treatment will complicate the condition and make future treatment of rehabilitation efforts more difficult.

### Concerns or Questions:

The doctors at the Bakke Chiropractic Clinics have gone to great lengths to make your health and safety a top priority. We will be happy to address any questions about your treatment you might have. We will only recommend treatment for you that we would feel comfortable having performed on our own families, or receiving ourselves.

### Patient's Receipt of Informed Consent

I have read the above explanation of chiropractic treatment. I also had the opportunity to ask questions and have them answered to my satisfaction. I have evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Consent for Treatment of Minor Child

I hereby authorize Dr: \_\_\_\_\_ and whomever he or she may designate as assistants, to administer chiropractic care as deemed necessary to (child's name) \_\_\_\_\_  
(relationship to child) \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_

Witnessed by: \_\_\_\_\_