Healthy Roots Chiropractic
(803) 834-3000
3195 Leaphart Road
West Columbia, SC 29169

Informed Consent

The nature of the chiropractic adjustment.

The primary treatment used by doctors of chiropractic is spinal and extremity adjustments. Healthy Roots Chiropractic will use that procedure to treat you. Healthy Roots Chiropractic may use their hands 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

- Exam
- CLA scans
- Radiographic studies
- Adjustment to the spine and/or extremity

The risks inherent in chiropractic adjustment.
As with any healthcare procedure, there are certain complications which may arise during chiropractic adjustments. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations. 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. The doctor 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 the doctor's attention it is your responsibility to inform the Doctor.

The probability of those risks occurring.
Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during examination, and X-ray. Stroke and /or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on the topic is inconclusive as to a specific incident of this complication occurring. If there is a causal relationship at all, it is extremely rare and remote. Unfortunately, there is no recognized screening procedure to identify patients with neck pain who are at risk of a stroke.

The availability and nature of other treatment options. If you chose to use one of the below noted "other treatment" options, you should be aware that there are risks and benefits of such options, and you may wish to discuss these with your primary medical physician. Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and/or pain-killers
- Hospitalization
- Surgery

The risks and dangers attendant to remaining untreated.

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

Please continue to backside for signature

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WOMEN/PEOPLE OF BIRTHING ABILITY

X-rays are utilized in the office to make your care as specific as possible. The doctors of Healthy Roots Chiropractic do not diagnose or treat medical conditions; however if any abnormalities are found, they will be brought to your attention so that you can seek proper medical advice. By my signature below, I am acknowledging that the doctor and/or a member of the staff has discussed with me the hazardous effects of ionization to an unborn child, and I have conveyed my understanding of the risks associated with exposure to x-rays. After careful consideration I therefore, do hereby consent to have the diagnostic x-ray examination the doctor has deemed necessary in my case. Please check the box that applies to you - To the best of my knowledge:

❑ I AM NOT pregnant at this time

❑ I AM/believe I MAY BE pregnant, therefore I DO NOT authorize Healthy Roots Chiropractic to X-ray me at this time.

CONSENT TO TREATMENT (MINOR)

I hereby request and authorize Dr. Kyle Johnston DC or Alexandra Maas DC to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter:_____. This authorization also extends to all other doctors and office staff members and is intended to include radiographic examination at the doctor's discretion.

As of this date, I have the legal right to select and authorize health care services for the minor child named above. Under the terms and condition of my divorce, seperation, or other legal authorization, the consent of a spouse/former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will notify the office immediately.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW

I **have read** [ ] **or have had read to me** [ ] **the above explanation of the chiropractic adjustment and related treatment.** I **have discussed it with *Dr. Kyle Johnston DC or Alexandra Maas DC* and have had my questions answered to my satisfaction. By signing below,** I **state that** I **have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks,** I **hereby give my consent to that treatment.**

Printed Name: _____ Date of Birth:_____

Signature_____ Date :_____

Signature of Parent or Guardian (if a minor)_____