

INFORMED CONSENT IN THE STATE OF IOWA FROM THE PATIENT

You have the right, as a patient to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether to undergo such care after being advised of the risks. This disclosure is not meant to frighten or alarm you. It is simply to make you better informed in the order that you may give or withhold your consent.

INTRODUCTION

The professions of chiropractic, dentistry, medicine and surgery, nursing, optometry, osteopathy, osteopathic medicine and surgery, pharmacy, physical therapy, podiatry, psychology and others are regulated in the state of Iowa under Iowa Code Chapter 147. Patient care and treatment provided by those above listed professions have known risks which may include death, brain damage, quadriplegia, paraplegia, the loss of function of any organ or limb, or disfiguring scars associated with such care.

Chiropractic is a science which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) of the body as the relationship may affect the restoration and preservation of health. For your information the following is routinely furnished to all who consider chiropractic care and treatment in this clinic.

NATURE AND PURPOSE OF CHIROPRACTIC

Adjustments are made by chiropractors to correct spinal and extremity and joint subluxations. One of the most common disturbances to the nervous system is the vertebral subluxation. This condition exists where one or more vertebrae in the spine are misaligned sufficiently to cause interference and/or irritation of the nervous system. The primary goal in chiropractic care is the removal of nerve interference caused by such subluxations. This is done with chiropractic adjustment following a chiropractic examination which may include, but is not limited to spinal and physical examination, orthopedic and neurologic testing, palpation, specialized instrumentation, radiology and lab tests.

An adjustment is the application of a quick precise movement over a very short distance to the spine or extremity. There are a number of different adjusting techniques, some utilizing specially designed equipment. Adjustments are usually performed by hand but may be performed by hand-guided instruments. In addition, physiotherapy and/or rehabilitative procedures may be included in the management protocol.

Not only should you understand the benefits of chiropractic care and treatment in restoring and maintaining good health, but also you should be aware of the existence of some inherent risks and limitations. These are seldom enough to contraindicate care, but should be considered in making the decision to receive chiropractic care. All health care procedures, including those used in varying degrees, have some risks associated with them. Risks associated with some chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurological

injury, fracture, vertebral artery syndrome (VAS) including stroke and perhaps death through complicating factors. Risks associated with physiotherapy may include not only the foregoing but also allergic reaction, muscle and/or joint pain.

AUTHORIZATION FOR CHIROPRACTIC CARE AND TREATMENT

I have been informed of the nature and purpose of chiropractic care, the possible consequences of the care, and the risks of the care including the risk that care may not accomplish the desired objective. Reasonable alternative treatments have been explained including risks, consequences, and probable effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I HAVE READ THE ABOVE PRAGRAPHES. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME AND ALL QUESTIONS WHICH I HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.

HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE DR. MICKIE J. YAGER DC, CACCP TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

DATE THIS _____ DAY OF _____ 20____, DUBUQUE, IOWA

PATIENTS SIGNATURE

DOCTOR OF CHIROPRACTIC SIGNATURE

WHEN PATIENT IS A MINOR OR UNABLE TO CONSENT

A. Patient is a minor _____ years of age

B. Other

Patients Name _____

Person authorized to sign for patient,

Print Name _____

Signature of authorized patient _____

Relationship _____

Signature of Doctor of Chiropractic _____