

INFORMED CONSENT AND PERMISSION TO TREAT

When given permission to have chiropractic spinal adjustments and physical medicine modalities performed, you and or your guardian should be informed of the most common risks and hazards of these procedures. The following are infrequent but may occur:

1. Post treatment discomfort, soreness or stiffness, which may persist 12 to 24 hours after treatment.
2. Transient light-headedness or dizziness following chiropractic adjustments of the neck. Please alert Dr. Campbell should this reaction occur.
3. Aggravation of acute intervertebral disc bulge or herniation. Please be advised that Dr. Campbell will make reasonable effort to determine the possibility of an underlying disc problem and modify treatment accordingly.
4. Acute onset of muscle spasms alongside the spine in the area being treated or in adjacent area. These muscle spasm reactions are commonly present, before treatment. Every effort will be made to reduce them prior to spinal adjustment.

I understand the risks, that there is no guarantee, and the procedures may not cure my condition.

Signature

Date

Printed Name

DOCTOR'S STATEMENT: The patient (guardian) and I have discussed the procedures to be performed. To the best of my knowledge, the patient (guardian) understands the procedures and consents to them.

Cory M. Campbell, D.C.