

JENKINS CHIROPRACTIC

Certified Applied Kinesiologist

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DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC INFORMED CONSENT

CHIROPRACTIC

Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, physical state, and spinal conditions. It is important to understand what to expect from Chiropractic health care services.

ANALYSIS

A Doctor of Chiropractic conducts a clinical analysis for the purpose of determining whether there is evidence of Vertebral Subluxation Syndrome (VSS) or Vertebral Subluxation Complexes (VSC) and whether or not the patient is a good candidate for osseous manipulation. When such VSS or VSC complexes are found, Chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the Chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition or if they do not start responding within a reasonable amount of time. Your Doctor of Chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

POSSIBLE RISK

Current research indicates that there may be increased risk of Stroke or Cardiovascular Accident with upper cervical Chiropractic manipulation. These same conditions can occur with leaning your head back to have your hair washed at the beauty parlor, star gazing, rotating your head to look in your rearview mirror, rotating your head as a spectator in a live sporting event, extending your head back during an eye or dental exam, etc. The risks of Stroke or Cardiovascular Accident in any of these situations are increased if you are an active smoker, have high cholesterol, have high blood pressure, are on hormones, are overweight, take diet pills, or other metabolism enhancing products, or are over the age of 50. These are the same risk factors found within the general population. If you are aware of any health conditions applying to you or within your family history, please inform your Chiropractic Physician prior to any Chiropractic Treatment/Procedures.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with Chiropractic tests, diagnosis, and analysis. The Chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The Doctor, of course, will not give a Chiropractic adjustment or use other ancillary procedures if he is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known or to learn through other health care procedures whatever he/she is suffering from. This could include but is not limited to latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctor of Chiropractic may make suggestions regarding this. The Doctor of Chiropractic is licensed in a specialized practice and is available to work with other types of providers in your health care regime. Sometimes, the response is phenomenal. In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Similar conditions in different patients may respond differently to the same Chiropractic care.

TO THE PATIENT

Please discuss any question or problems with the Doctor before signing this Informed Consent.
I have read and understand the foregoing.

Date: _____ Signature: _____

