

# MOUNTAIN STAR CHIROPRACTIC

DR. JOSH MOREE AND DR. CHELSEY RAPONI  
ASHEVILLE, NC

## INFORMED CONSENT TO CARE

You have a right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided to you so that you can make the decision whether or not to undergo such care with full knowledge of the known risks. This information is intended to make you better informed in order that you can knowingly give or withhold your consent.

### THE NATURE AND PURPOSE OF CHIROPRACTIC

Adjustments are made by chiropractors in order to correct spinal and extremity joint subluxations. One of the most common disturbances to the nervous system is the vertebral subluxation. This condition is one where one or more vertebra in the spine is misaligned sufficiently to cause interference and/or irritation to the nervous system. The primary goal in Chiropractic health care is the removal of nerve interference caused by subluxation.

A Chiropractic examination will be undergone which may include spinal and physical examination, orthopedic and neurological testing, palpation, specialized instrumentation, Furthermore, referral for radiological examination (x-rays) or laboratory testing may be required.

The Chiropractic adjustment is the application of a precise, high velocity movement of the spine over a very short distance. There are a number of different methods or techniques by which the Chiropractic adjustment is delivered. Chiropractic adjustments are typically delivered by hand, but some may require the use of an instrument or other specialized equipment. In addition, physiotherapy or rehabilitative procedures may be included in the management protocol.

In addition to the benefits of chiropractic care and treatment, one should also be aware of the existence of some risks and limitations of this care. The risks are seldom high enough to contraindicate care, but they should be considered when making the decision to receive chiropractic care. All health care procedures have some risk associated with them. Risks associated with some chiropractic treatments may include musculoskeletal sprain/strain, neurological injury, fracture, and vascular injury.

### CONSENT FOR CHIROPRACTIC CARE

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

**I have read the above paragraph. I understand the information provided. All questions I have about this information to my satisfaction.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

