

Heartland Family Chiropractic, PLLC
1606 N. Dixie Hwy Ste. 111
Elizabethtown, KY 42701
Phone 270-234-8880

INFORMED CONSENT

Kentucky State Law requires health care providers to obtain your **INFORMED CONSENT** prior to examination and treatment. The purpose of this form is to inform you, not to alarm you. What you are being asked to sign is a confirmation that you have been informed of the following:

Examinations & X-rays: This office uses highly sensitive x-ray film, intensifying screens, and filters that provide high quality x-rays with the lowest possible x-ray exposure. The only noteworthy risk with taking x-rays deals with pregnancy. *If there is any possibility that you are pregnant, inform us prior to any x-ray examination.* If there is no possibility of this condition, the inherent risks are so rare that we have no available statistics to quantify their probability.

PLEASE CIRCLE ONE AND INITIAL: I AM / I AM NOT pregnant at this time/ Does Not Apply Initial: _____

Chiropractic Adjustment/ Chiropractic Manipulative Therapy (CMT): The doctor will use his hands or a mechanical device upon your body in such a way as to move your joints in various directions. This procedure may cause an audible “pop” or “click” to be heard coming from your joints, which is not cause for alarm. **There are some material risks involved in doing these procedures and they are as follows:**

- **Pain:** Chiropractic Treatments may result in a temporary increase in soreness in the area receiving treatment.
- **Rib Fractures:** Fractures caused by chiropractic treatments are rare. They occur most frequently in patients with osteoporosis or weakened bone. Evidence of osteoporosis can be noted on your x-rays, and if detected, the most appropriate, gentle treatments are used, minimizing the possibility of fractures to the ribs.
- **Disc Injury:** Chiropractic treatment is appropriate for the treatment of many kinds of back problems, including some disc problems (1). Occasionally, chiropractic treatment may aggravate or cause a problem if the disc is in a severely weakened state. However, this occurs so rarely that statistics to quantify the probability are unavailable, but estimates place the risk of serious injury at *about 1 serious complication per 100 million low back manipulations(2).*
- **Vertebral Artery Dissection (VAD)/ Stroke:** The overall incidence of vertebral artery dissection leading to stroke in the general population is about *2 per 1000 people (3).* Although chiropractic adjustment/manipulation has been implicated as a possible cause of stroke, this possibility is extremely rare. The best available data suggests that stroke secondary to chiropractic adjustment/ may occur *1 per 10,000 patients (5).* The risk of serious complications or death from spine surgeries of the neck is *11.25 per 1000 patients (5).* As you can see, the risk of stroke from chiropractic treatment is much lower than other common medical treatments. Even though the risk is small, we have implemented procedures and tests that will likely reduce the potential for stroke even more.
- This list of side-effects is not exhaustive and there could be other negative side-effects of various treatments rendered in this office.

Initial: _____

I understand the risks and possible negative side effects of Chiropractic Care and other therapeutic modalities and treatments at Heartland Family Chiropractic that are involved in my treatment, and I have had the chance to ask questions of the doctor and staff regarding these procedures and make an informed decision in the treatment of my condition(s). By initialing these sections and signing this statement I authorize Dr. Fulkerson and all members of the Heartland Family Chiropractic staff to treat me using the methods designed by Dr. Fulkerson.

Initial: _____

Chiropractic is a second largest system of health care delivery. As with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this office. We will always give you our best care, and if your results are not acceptable, we will refer you to another health care provider who we feel will assist your situation.

PATIENT SIGNATURE: _____

DATE: _____