

DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC INFORMED CONSENT

CHIROPRACTIC

It is important to acknowledge the difference between the healthcare specialties of chiropractic, osteopathy and medicine. Chiropractic healthcare seeks to improve health through natural means without the use of drugs or surgery. This helps the body maximize its inherent healing ability. The success of the doctor of chiropractic's procedure often depends on underlying causes, as well as other spinal and physical conditions. It is important to understand what to expect from your chiropractic healthcare.

ADJUSTMENTS

Dr. Lake Franklin utilizes the Grostic/Orthospinology Procedure, which is a low force, non-rotary upper cervical (neck) technique. If adjustments to the lower spine are required, then the doctor will primarily utilize a low force non-rotary, drop table, hand-held instrument or flexion-distraction adjustment technique. Other various forms of adjusting or physical therapy may be necessary in your case.

INFORMED CONSENT FOR CHIROPRACTIC CARE

As a patient, you give the doctor permission and authority to care for you in accordance with the chiropractic tests and analyses. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects or pathologies may render a patient susceptible to injury. The doctor will not provide healthcare, if he is aware that such care may be contraindicated. Again, it is your responsibility to tell the doctor everything you know about your health conditions, which would otherwise not come to the attention of the doctor. The doctor of chiropractic provides a specialized, non-duplicating health service, but he is also available to work with other types of healthcare providers.

RESULTS

As a patient in this office, you are acknowledging that your doctor or her assistants have given no guarantee as to the results that may be obtained from your care. The doctor also wants it understood that although she does not utilize rotary manipulation, she is in no way indicating that her procedures are superior to her fellow chiropractors. Please understand that chiropractic care is not a treatment of disease, but a system of correcting vertebral subluxations.

AUTHORIZATION

In certain cases, it may be necessary for the doctor to discuss or send reports to other doctors, attorneys and/or insurance representatives for gaining a second opinion or reimbursement from insurance carriers. As a patient, you are giving the doctor permission to use her best judgment for when to allow an observer in the room or when it is necessary to release the above patient information. I also give permission for the doctor to use information from my examination to help evaluate statistics for research, as long as my name is not used.

TO THE PATIENT

Please discuss any questions or problems with the doctor **before** signing this statement of policy. I have had the above explained to me and after reading it I understand and give my consent to care.

DATE _____ SIGNATURE _____