

Dr. Rachel M Hamel, D.C.

1361 S Winchester Blvd Suite 206 San Jose, CA 95128

Phone: (408) 642-8408

Patient's Name: _____

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment:

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands, blocks (wedges), or a mechanical instrument upon your body in such a way as to help balance various aspects of your body, such as its joints, muscles, and nervous system. In some instances an adjustment may cause an audible “pop” or “click,” much as you have experienced when you “crack” your knuckles. You may feel a sense of movement, relaxation, or increased strength.

Analysis/Examination/Treatment:

As part of the analysis, examination, and treatment you may receive the following procedures:

- | | | |
|--|----------------------|--|
| * spinal manipulative therapy | * palpation | * vital signs |
| * range of motion testing | * orthopedic testing | * infrasound |
| * muscle strength testing | * postural analysis | * active and passive soft tissue therapy |
| * basic neurological testing | * cold therapy | * exercise instruction |
| * adjustments to extremities including head, and upper and lower extremities | * low level laser | |
- Other (please explain)_____

If the patient does not want any of the above procedures or has questions about any of the above procedures they should discuss this with the doctor.

The material risks inherent in chiropractic adjustment:

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations. While cervical adjustments have not been found associated with strokes, sometimes patients with a stroke in process will have neck and head pain and seek chiropractic care. Some patients may feel some stiffness and soreness following the first few days of treatment as their body becomes accustomed to being in balance. This usually passes in 1-2 days and if it does not the doctor should be contacted. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

The probability of those risks occurring:

Fractures are rare occurrences and generally result from some underlying weakness of the bone which, I check for during the taking of your history and during examination and review of any x-rays that may have been taken. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and current research does not implicate the chiropractic cervical adjustment as a cause. Please let the doctor know if you prefer a method of neck adjusting that will not have any “twisting” or “cracking” of the neck. The other complications are also generally described as rare.

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The availability and nature of other treatment options may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization
- Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated:

Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction further reducing mobility. The longer the body remains out of balance or is using its joint and muscles in an asymmetrical manner may predispose the patient to adverse long-term joint or muscle conditions. Over time this process may complicate treatment making treatment more difficult and less effective the longer it is postponed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW

I have read or have had read to me by _____

AND have had the above verbally explained to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Rachel Hamel, D.C. and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Dated: _____

Dated: _____

Patient's Name

Rachel Hamel, DC

Doctor's Name

Signature

Signature

Signature of Parent or Guardian