

Absolute Health Resource & Office of Dr. Jennifer Hartley
6650 West 44th Ave Wheat Ridge Co 80033 720-524-3477

CONSENT TO TREAT FORM (Required By Colorado State Board)

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 treatments I use as a Doctor of Chiropractic include spinal manipulative therapy, Quantum Neurology and NeuroEmotional technique. I may use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click" much as you have experienced when you "crack" knuckles. You may feel a sense of movement.

Analysis / Examination / Treatment:

As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

Spinal manipulative therapy	Palpation	Hot/cold therapy
Range of motion testing	Postural analysis	Therapeutic exercises
Muscle strength testing	Vital signs	Myofascial release therapy
Orthopedic testing	Cold Laser Therapy	Intersegmental traction
Neurological testing	Electrical muscle stimulation	Percussion Therapy
Other (please explain)		

The material risks inherent in chiropractic adjustment:

As with any healthcare procedure, although extremely rare, 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, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. Dr. Hartley 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 Dr. Hartley's attention it is your responsibility to inform her.

The probability of those risks occurring:

Fractures are extremely rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during the examination and/or X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

The availability and nature of other treatment options:

Other treatment options for your condition 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. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

SIGN AFTER YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Hartley 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

Treating Doctor: Dr. Jennifer Hartley, D.C.

Signature

Signature

Signature of Parent or Guardian (if a minor)