

## CONSENT TO CHIROPRACTIC TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

### Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

### Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms**- Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn**- Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar
- **Sprain or strain**- Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture**- While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc**- Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- **Stroke**- Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over a time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associate with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific impairment of vision, speech, balance and brain function, as well as paralysis or death.

**Alternatives**

Alternatives to chiropractic treatment may include consulting with other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

**Questions or Concerns**

You are encouraged to ask question at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

**Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.**

**DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Signature of Chiropractor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### MISSED APPOINTMENT POLICY

Pro Sport Rehab & Fitness understands that unforeseen circumstances/emergencies can happen forcing you to cancel or reschedule your appointment. If you are unable to keep your appointment, **please notify us as soon as possible** (preferably 24- hours' notice). You can cancel appointments by calling (306) 249-6868 or by emailing us at: [frontdesk@prosportrehab.com](mailto:frontdesk@prosportrehab.com). As a courtesy, an appointment reminder text msg or email to you is made/attempted one (1) business day prior to your scheduled appointment.

**\*\*NOTE\*\*:** Appointment reminders are not to be relied upon; if our computer system malfunctions for any reason, Pro Sport Rehab & Fitness staff will not be held responsible for this error, you are still responsible for remembering your appointment.

#### PLEASE REVIEW THE FOLLOWING POLICY:

1. Please cancel *and reschedule* your appointment **with as much notice as possible**; there is a waiting list to see the therapists at Pro Sport and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If you do not present to the office for your appointment, this will be documented as a "Missed" appointment – we will waive the fee for the first offense.
3. After the first "Missed" appointment, you will receive a phone call or letter explaining that you have broken our policy and we will assist you to reschedule this appointment.
4. If you have 2 "Missed" appointments within a one-year time period, you will receive a warning letter from our office and will be assessed a **\$30.00 fee**.
5. A "Missed" appointment will apply for each appointment thereafter within a one-year time, and you will receive a **\$30.00 fee for each missed appointment**.

**I have read and understand** Pro Sport Rehab & Fitness' Missed Appointment Policy. I understand it is my responsibility to plan appointments accordingly and notify Pro Sport Rehab & Fitness appropriately if I cannot keep my scheduled appointments. I understand that if I have any questions regarding this policy, the staff at Pro Sport Rehab & Fitness would be happy to answer them for me.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature or Parent/Guardian if minor

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### MISSED APPOINTMENT POLICY FOR WCB and SGI CLIENTS

If you are unable to keep your appointment, **please notify us as soon as possible** (preferably 24-hours' notice). You can cancel appointments by calling (306) 249-6868 OR by emailing us at: [frontdesk@prosportrehab.com](mailto:frontdesk@prosportrehab.com). As a courtesy, an appointment reminder text msg or email to you is made/attempted one (1) business day prior to your scheduled appointment.

**\*\*NOTE\*\*:** Appointment reminders are not to be relied upon; if our computer system malfunctions for any reason, Pro Sport Rehab & Fitness staff will not be held responsible for this error, you are still responsible for remembering your appointment.

**Your attendance record is recorded for WCB/SGI purposes.** Please be advised that Pro Sport Rehab & Fitness is required to notify WCB/SGI of any appointments where you no show or cancel.

**I have read and understand** Pro Sport Rehab & Fitness' Missed Appointment Policy. I understand it is my responsibility to plan appointments accordingly and notify Pro Sport Rehab & Fitness appropriately if I cannot keep my scheduled appointments. I understand that if I have any questions regarding this policy, the staff at Pro Sport Rehab & Fitness would be happy to answer them for me.

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Patient Name

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Date

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Patient Signature or Parent/Guardian if minor

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Relationship to Patient

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date