

PLEASE NOTE: This material will be discussed with you in your first visit. It is not necessary that you sign it now, but we ask that you please read it carefully. Dr. Brown will ensure that all your questions are answered before any assessment or treatment takes place. Thank you.

INFORMED CONSENT TO CHIROPRACTIC TREATMENT

Doctors of chiropractic who use manual therapy techniques are required to advise patients that there are or may be some risks associated with such treatment. Dr. Brown is trained as a chiropractor, though primarily uses a gentle form of myofascial release called Matrix Repatterning. She is trained as a Certified Matrix Repatterning Practitioner in this technique, and is an assistant teacher at professional seminars. With her knowledge of both approaches to your physical care, she would like to inform you of all possible risks or reactions to any treatment in her care. In particular you should note:

a) With chiropractic adjustments:

-While rare, some patients may experience short term aggravation of symptoms, rib fractures or muscle and ligament strains or sprains as a result of manual therapy techniques.

-There are reported cases of stroke associated with many common neck movements including adjustment of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke.

Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustment is extremely remote.

-There are rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

-Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

b) Matrix Repatterning, a very gentle form of myofascial release, does not have any inherent risks to mention. It is possible, however, to experience an increase of symptoms initially, or fatigue following treatment, or even feel new sensations

particularly after your first treatment. These tend to be short-lived (1-2 days) and are considered very normal responses. If, however, you have any questions or concerns about ANY treatment or response to treatment, Dr. Brown is always available to you by phone, email or in person to answer you.

I acknowledge I have discussed, or have had the opportunity to discuss, with Dr. Barbara Brown the nature and purpose of chiropractic and Matrix Repatterning treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the chiropractic and Matrix Repatterning treatments offered or recommended to me by Dr. Brown, including spinal adjustments if applicable to your care. I intend to this consent to apply to all my present and future chiropractic care.

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Witness of Signature

Name: _____

Name: _____

(Please print)

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