

**CrossWinds Chiropractic**  
**Dr. David Rheume D.C. D.A.B.C.O.**  
**15351 SE 82nd Drive**  
**Clackamas, Or. 97015**  
**Ph. 503-342-6644**

**Informed consent to chiropractic treatment**

Please read and sign below if you understand and consent to chiropractic treatment you will receive at our office. Feel free to discuss all or any part of this consent form that you will be signing, before you sign.

Spinal manipulation, e.g. adjustment or mobilization of joints are associated with some risks. Following are the reported or known risks of manipulation.

- 1) Injury to the vertebral artery with manipulation and mobilization. Vertebral artery injuries are rare but may cause stroke which can result in serious neurological injury or impairment.
- 2) Muscle or ligament strain/sprain.
- 3) Rib fractured.
- 4) Disc injuries.

Your treatment may include electrical stimulation. Although, rare these risks from electrical stimulation may include blisters or burns from the pad placement.

The doctor will evaluate your care and provide explanation of the treatment you will receive, and suggest a treatment plan.

The doctor will also inform you of alternative treatments for the medical condition you have and a referral if necessary.

**Acknowledgement:** I acknowledge I have discussed or have been given the opportunity to discuss chiropractic treatment, my treatment, and the contents of this consent form.

**Consent:** I consent to the chiropractic treatment recommended including manipulation and physiotherapy. This consent is for my present and future treatment at this clinic.

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Patient Signature/ Patient Representative Signature

\_\_\_\_\_  
Date