

**INFORMED CONSENT TO TREATMENT**

**Chiropractic Treatment**

- Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer for neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993)
- Possible risks and adverse reactions to chiropractic adjustments (manipulations) include short-term localised discomfort, strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the lower back (1 in 62,000). In extremely rare circumstances, damage to a blood vessel in the neck can give rise to stroke or stroke-like symptoms. (Approximately 1 in 1-2 million – D. Chapman-Smith, seminar 2002 and approximately 1 in 5.85 million neck manipulations – Haldeman, et al, Spine vol. 24-8 1999)
- Whilst this has never occurred in our practice, we are still required to warn. If adjustments (manipulations) are required, our physical examination procedures ensure safety to do so, as has always been our practice.
- There are also alternative techniques which can be utilised when necessary.

**Dry Needling Therapy & Cupping Therapy**

The possible risks to adverse reactions following *Dry Needling Therapy* includes;

- (Serious, but very rare) pneumothorax, cardiac tamponade and damage to organs (0.04%).
- (Mild-Moderate) Bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%).
- (Uncommon) Aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), nausea (0.13%), fatigue (0.14%), altered emotions (0.04%), shaking, itching, claustrophobia and numbness (0.01%). (Brady, S et al. JMPT Vol. 000 No. 000 2013)

The risks associated with *Cupping Therapy* include bruising (common), pain, skin infection (very rare), skin burns, bleeding, nausea, skin laceration or blistering.

As mentioned, to avoid such adverse reactions we conduct appropriate screening to negate or lower the above risks as appropriate.

**Treatment of Patients under 18 years of age** must have their parent or legal guardian present during their initial consultation. It is strongly recommended that a parent or legal guardian attend all subsequent appointments.

Please note that this consent does not waiver your Common Law Rights, rather, it is for you to acknowledge that you have been informed of the known risks. This consent covers your entire course of treatment in this practice. If you have any questions related to the treatment you are about to receive or possible alternatives, please discuss these with your chiropractor.

**PLEASE CIRCLE AS NECESSARY ON YOUR INTAKE FORM PAPERWORK**

I do **not** consent to the use of: Chiropractic Adjustments Dry Needling Cupping (circle if needed)

I have read the informed consent document and have discussed the information which is applicable to me with the practitioner and give my consent to treatment.

**PLEASE SIGN ON YOUR INTAKE FORM PAPERWORK**

**Patient / Parent / Guardian Name**

**Signature**

**Date**

## MISSED APPOINTMENT POLICY

### Missed Appointments

- Missing your appointment has many knock-on effects:
  - It limits your positive response to care and reaching good health outcomes
  - Your practitioner's time
  - Our clinic staff time
  - Other patients on our wait list could have used your appointment time
- Due to how busy our clinic is, we may not be able to accommodate for late arrivals (greater than 10 minutes) as this impedes other patient's who have arrived for their appointments on time and jeopardises the care we can provide you.
- To avoid missing an appointment and incurring our missed appointment charges:
  - Use our booking confirmations to set calendar reminders
  - Set alarms to remind you to attend your appointment ahead of time
  - Be aware of our text message reminders the evening before your appointment

### Appointment Cancellations

- We require 24 hours notice for appointment cancellations – this incurs no charges
- Cancellations can be made via the following:
  - Calling the clinic (or leaving a voice message if unattended)
  - Using the cancellation link on your email booking confirmation – please leave a comment for the reason for cancellation on the cancellation webpage so we are able to follow up with you as/when appropriate.

### Missed Appointment Fees

- **Missing an appointment will result in a charge of 50% of the appointment cost**
- **If you fail to attend again you will be charged the full price of the consultation**
- We reserve the right to request payment prior to booking an appointment in cases of repeated missed appointments

## PRIVACY POLICY

All information relative to your case is held in total confidence. However, your consent is necessary to allow us to exchange information between practitioners in this clinic. Also, when appropriate, relevant information may be sent with your permission to other health care practitioners for the effective management of your condition.

## MISSED APPOINTMENT & PRIVACY POLICIES

I am aware of the Missed Appointment Policy and associated fees.

I consent to the collection of my personal information as outlined in the Privacy Policy.

**PLEASE SIGN ON YOUR INTAKE FORM PAPERWORK**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_