

**PAEDIATRIC (CHILDREN)**  
**INFORMED CONSENT TO TREATMENT**

**Chiropractic Treatment**

- Chiropractic care is recognised as being an effective and safe method of care for many conditions, and age groups. Changes to law now require all practitioners to discuss the potential risk of complications for paediatric patients undergoing chiropractic care.
- Chiropractic care techniques and application by chiropractors treating infants and young children are typically modified in force and speed to suit the age and development of the child to ensure safety. (Todd A, et al, Forces of commonly used Chiropractic Techniques for Children: A review of the literature. 2016 JMPT)
- Like any type of care focusing on the brain, spine and nervous system there are some (albeit exceptionally small) risks. A study looking at the incidence of neurologic or vertebral incidents in paediatric chiropractic patients over 31 years and more than 500,000,000 adjustments, found that chiropractic care was exceptionally safe. The rate of injury was found to be one in 250 million. (Pistolesse RA, Journal of Vertebral Subluxation Research, 2(2)1998)
- Further discussion has estimated the above statistics are conservative, and that there have been no recorded lasting or significant adverse events directly relating to paediatric chiropractic care. (Prevost PA, et al, Manual Therapy for the Paediatric Population; a systematic review. 2019 BMC Complementary and Alternative Medicine)

Please read the following carefully:

- I acknowledge that I have discussed the rare risks associated with paediatric care.
- I have had the opportunity to discuss the proposed care plan. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed chiropractic care and that I have been given sufficient time to make a decision giving consent for the care to proceed.
- I acknowledge that I am aware of and understand the potential risks, I appreciate the results are not guaranteed.
- I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.
- I hereby acknowledge my consent to the performance of the proposed chiropractic care. I understand that I can withdraw consent at any time.

***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.***

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: \_\_\_\_\_