

Brighton Chiropractic Office, PLLC

**Dr. Colm Murphy
Dr. Jared Anderson**

INFORMED CONSENT

Doctors of chiropractic, medical doctors, and physical therapists who use manual therapy techniques such as spinal manipulation are required to advise patients of the risks associated with treatment. Adverse effects may include sprains, strains, fractures, disc injuries, bruising, discomfort, and short term exacerbation of symptoms. There is a risk of stroke and neurological injury following your visit to the chiropractor or medical doctor. Present medical and scientific evidence does not establish a definite cause and effect relationship between spinal manipulation and the occurring of stroke. Furthermore, the apparent association is noted very infrequently, with the occurrence being about one in two to three million.

I do not expect the doctor to be able to anticipate and explain all risks associated with treatment, and I wish to rely on the doctor to exercise judgment during the course of the current treatment plan and subsequent treatment plans.

I understand my results are not guaranteed. I acknowledge that I have discussed the nature of my current medical condition with the doctor and understand that I have other healthcare options. Following your focused exam, the reasonable doctor reserves the right to choose no chiropractic care as an option as well and may choose to refer elsewhere for medical treatment.

I have read, or have had read to me, the above consent. I consider this informed consent be valid for my current treatment plan as well as future treatment plans proposed by the same treating doctor.

_____ Date _____

Witness _____ Date _____