**Valid Consent to Chiropractic Assessment and Treatment**

**(Forres Chiropractic Clinic: v.October 2022)**

**Please read this consent form, discuss it with the Chiropractor if you would like to, and then sign and date where indicated on the second page if you are in agreement with what is proposed.**

Clinicians who use spinal manipulation techniques such as joint adjustments, manipulation or mobilisation are required to inform patients that there may be some risks associated with such treatment:

a) While rare, some patients have experienced muscle and ligament sprains or strains or rib fractures following spinal manipulation therapy.

b) There are reported cases of Stroke (cerebro-vascular incident such as a brain artery bleed or blockage) associated with visits to medical doctors and chiropractors. Research and scientific evidence do not establish a cause-and-effect relationship between chiropractic treatment and the occurrence of stroke; Rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress at the time of attending an appointment that may or may not be detected or suspected by the treating clinician. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with Cervical spinal manipulation is extremely remote.

c) There have been reported cases of disc injuries following spinal manual therapy, although no scientific study has ever demonstrated that such injuries are caused or may be caused by manipulation / spinal adjustment and such cases are also very rare

d) **Medical Acupuncture / Dry Needling Risks**. There have been reported cases of acupuncture needles piercing the pleural lining of the lungs leading to Tension Pneumothorax where the lung collapses due to increased pressure from air or fluid, requiring urgent medical surgical intervention. This is a rare occurrence and a worst case scenario often from poor needling technique but is referenced here to help you make a completely informed decision before giving your consent. Occasional mild side effects can be a painful needle upon insertion, minor bleeding from a muscle capillary leading to minor contusion/bruising

Treatments provided at this clinic, including spinal adjustment and/or mobilisation have been the subject of much research over many years and have been demonstrated to be appropriate and effective evidence-based treatment for many conditions for common forms of pain in the spine, shoulders, arms and legs and some headaches. Treatment provided at this clinic may also contribute to your overall well-being. The risk of injury or complication from manual treatment is substantially lower than the risk associated with many medications or other invasive treatments and procedures frequently given as alternative treatments for the same forms of musculoskeletal pain and other associated syndromes.

David Morgan will evaluate your individual case, provide an explanation of care and any proposed treatment and other options. Sometimes a GP referral will be made if there are clinical concerns over and above the remit of the chiropractor's clinical and therapeutic scope of practice.

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**Covid-19**

My patients' health and wellbeing are my number one priority. Even though the current risk to healthy individuals from Covid-19 has reduced, I am continuing to take extra precautions to maintain a healthy and safe clinical and therapeutic environment. The wearing of face masks is currently not mandatory in the healthcare setting in Scotland, however I risk assess every individual visiting the clinic. Every patients' choice to wear or not wear a face mask will be respected and in cases where there are vulnerable individuals involved directly or indirectly in a clinic visit, I will sensitively agree to wear a face mask if this helps to remove potential risk or harm to another individual.

I still urge patients to sanitise their hands upon arrival and I will maintain cleaning and sanitisation of the clinic adjusting table, equipment and surfaces. I am rigorously following the guidelines laid out by the Government and our Statutory Regulator, the General Chiropractic Council (GCC) and this document was in part advised by my professional association the Scottish Chiropractic Association (SCA) .

**\* Patient Acknowledgement:** I acknowledge that I have discussed or have been given the opportunity to discuss with my clinician David Morgan, any aspect of my presenting condition, my examination, diagnosis/clinical impression, treatment options or proposed referral to another healthcare provider. I acknowledge that I have had the opportunity to ask all the questions I wish to at this time and that information has been forthcoming and explained to me clearly and to my satisfaction.

**\* Patient Consent:**

• I understand that there is a risk of transmission of any variant of Coronavirus leading to Covid-19 infection as a result of attending **Forres Chiropractic Clinic** and / or receiving treatment.

• I understand that every reasonable precaution has been taken by **Forres Chiropractic Clinic** to limit my exposure to Covid-19. I am happy that my preference to either wear or not wear a face mask today has been respected and as applicable both parties have either worn or not worn masks and in agreement.

• I consent to the chiropractic examination or treatment(s) offered or recommended to me today by my clinician and am aware of the previously outlined risks associated with spinal manipulation (adjustment / mobilisation) and Dry Needling Acupuncture. In addition I am happy to receive other chiropractic modalities such as Activator device, Vibracussor adjusting instrument, SOT Pelvic blocks, Cranial technique, manual soft tissue work such as trigger point therapy and extremity adjustments where appropriate.

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature** (where applicable) **Signature of Guardian** (where applicable)

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Please **PRINT** name of patient below Please **PRINT** name of guardian below

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Please PRINT name of Witness/Translator Signature of Witness/Translator

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Date:** \_\_\_\_\_/ \_\_\_ / 20\_\_\_\_ **Page 2 of 2**