

Amberlight Chiropractic & Wellness

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INFORMED CONSENT for CHIROPRACTIC and ACUPUNCTURE CARE

PATIENT NAME: _____ DOB: _____

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask your Doctor any questions that you have about the information below. You can ask questions at any time before, during, or after your treatment.

I. For Chiropractic Care:

The nature of chiropractic adjustment: The primary treatment your Doctors of Chiropractic uses is spinal manipulative therapy. We will use that procedure to treat you. We may use our hands or a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible “pop” or “click”, much as you have experienced when you “crack” your own knuckles. You may also feel a sense of movement.

Examination and Treatment: In addition to spinal manipulation, we may use a variety of other therapies and examination procedures. As a part of the analysis, examination, and treatment, you are consenting to the following additional procedures which are include, but not limited to: spinal manipulative therapy, palpation, vital signs, orthopedic testing, range of motion testing, basic neurological exam, muscle strength testing, Rehabilitation/Core strengthening, use of ultrasound, electrostimulation, infrared heat, nutritional therapy, ergonomic evaluation.
We will explain these procedures to you and answer any questions you have about them.

The material risks inherent in chiropractic adjustment: Some patients will feel some stiffness and soreness following the first few days of treatment. We will make every reasonable effort during the examination to screen for contraindications to care. However, if you have a condition that would otherwise not come to our attention, it is your responsibility to inform us.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke.

Chiropractic is a safe and comfortable form of health care for most people. If a potential risk is identified, you will be informed and offered either treatment or a referral to the appropriate health care specialist for evaluation and care.

The probability of risks occurring:

Soreness: It is not uncommon to experience some localized soreness following a manipulation. This type of soreness is usually minor and occurs most often following the initial few visits. It is similar to the soreness you may experience after exercise.

Fracture: Fractures caused from spinal manipulations are extremely rare. It is so rare that an actual number of incidences per manipulation have never been determined. Patients suffering from bone weakening conditions like Osteoporosis are in a higher risk category. Alternative forms of spinal manipulation may be utilized for this type of patient.

Ruptured/Herniated Disc: There have been some reports of herniated or ruptured discs caused by spinal manipulations. Alternative spinal adjusting methods are often utilized to minimize the risk and help the patient recover from serious disc-related pain.

TIA/Stroke: According to the literature, possible neurological complications can arise in 1 per 1-8 million office visits or 1 per 2-5.85 million adjustments. Screening tests are performed when necessary to rule out high-risk patients. Alternative spinal adjusting is utilized when necessary to minimize any potential risks.

Other complications: These include but are not limited to: dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns.

The availability of other treatment options: Other treatment options for your condition may include: Self-administered, over-the-counter medications, medical care and prescription drugs, such as anti-inflammatories, muscle relaxants, and pain killers, hospitalization, surgery.

If you choose to use one of the above noted “other treatment” options, you should be aware that there are also risks and benefits with each one of those options and you may wish to discuss these with your primary medical physician or medical specialist.

The risks and dangers associated with remaining untreated: Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

____ Patient Initials

II. For Acupuncture Care:

By signing the statement below, I hereby request and consent to the performance of acupuncture and other treatments within the scope of practice of an acupuncturist to be performed by Dr. Elena Pekurovsky on me or (if the patient is a minor) on the patient named below, for whom I am legally responsible.

I understand that there are minor risks associated with acupuncture treatment, including, but not limited to, slight bleeding and/or bruising of the skin. I understand that the risk of infection is negligible when using single use, disposable, sterile needles.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications. I wish to rely on the acupuncturist to exercise good judgment during the course of the procedure, based on the facts then know, and act in my best interest.

I understand that results are not guaranteed.

I have read the above consent, or have had it read to me. I intend for this consent form to cover the entire course of treatment for my present condition, as well as any future conditions for which I may seek treatment.

Following your treatment:

- 1) Occasionally, a person may feel light headed or slightly disoriented after an acupuncture treatment. This is normal and should not last very long. If this happens to you, please sit for a while in the designated area. You’ll feel fine in a few minutes.
- 2) Herbs prescribed for the patient are intended for his or her use only, and should not be used by those for whom they are not dispensed.

____ Patient Initials

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment, acupuncture and related treatment. I have discussed it with my provider and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. I do not expect the doctor to be able to anticipate and explain all the risks and complications. Having been informed of the known risks, I hereby give my consent to that treatment. I intend this consent to apply to all of my present and future chiropractic/ acupuncture care.

Date

Signature of patient or authorized person

Authority to act on behalf of patient
(Proof Required)