

INFORMED CONSENT FOR CHIROPRACTIC CARE

A perspective on the risks of chiropractic care as compared to medical care can be seen by the money paid by different doctors for a \$1,000,000 malpractice liability policy. The following annual premiums listed are close approximations, although not exact. A general medical doctor pays about \$20,000 per year, an internal medicine specialist pays about \$50,000 per year, and a medical specialist such as surgeons, cardiologists, and obstetrics and gynecologists (OBGYN) pay about \$150,000 per year for a \$1,000,000 malpractice liability policy. In stark contrast to medical doctors who patients encounter significant more risk than Doctors of Chiropractic, Doctors of Chiropractic in California pay about \$1,600 per year. Also, it has been reported that about 187,000 deaths occur every year from medical malpractice, but that the number for chiropractic is typically zero per year.

Consequences of Not Obtaining Chiropractic Care-

Not obtaining chiropractic care will have the effect of not obtaining its benefits such as having your body function at its best ability, reducing pain, peak athletic performance, etc. Not obtaining chiropractic care may allow 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, requiring more time (and money), and less effective when chiropractic care is obtained later in time. Not obtaining chiropractic care following trauma such as whiplash or other effects of automobile accidents will cause injured muscles, tendons, and ligaments to heal improperly and be significantly weaker and more prone to re-injury as compared to receiving proper chiropractic care.

Alternatives to Chiropractic Care-

Other treatment options for your condition may include rest, acupuncture, physical therapy, medical care, medications (both over the counter and prescribed), hospitalizations, surgery, and others. If you chose to use other treatment options, you should discuss the risks and benefits with your medical doctor or other health care provider.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND UNDERSTAND THIS FORM. UPON DOING SO, PLEASE COMPLETE THE INFORMATION AND SIGN THIS FORM.

Signature of Patient

Date Signed

Patients Printed Name

Payment Agreement

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand that this healthcare office will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this healthcare office will be credited to my account upon receipt. However, I clearly understand and agree that I am personally responsible for payment of any services rendered to me and charged directly to me. I also understand that if I terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Initials