



*Georgia Centers for
Spinal Health & Wellness*

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Consent to Treatment

Patients Name: _____ **Date:** _____

The Nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, manual therapy, therapeutic stretching and strengthening, traction, decompression may also be used.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular incident could occur upon severe injury to arteries of the neck but evidence is inconclusive. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as “rare” and generally result from underlying structural weakness or disease. The risk of cerebrovascular incident, has been the subject of ongoing medical research and debate and is inconclusive as to a specific incident of this complication occurring. If there is a casual relationship at all it is extremely rare and remote. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

Other Treatment Options: Any patient is within their right to consult other medical professions and not dependent on referral from this office. However, if other treatment is chosen, there are risks and benefits that should be discussed with the medical professional. Other options may include but not limited to: self administered care, over the counter medication, rest, Medical care with prescriptions and/ or procedures, hospitalizations, etc.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I understand that my doctor at Kenney Family Chiropractic, Inc. cannot make any promises or guarantees regarding a cure for or improvement in my condition. I understand that my doctor will share with me his opinion regarding potential results from chiropractic treatment for my condition and will discuss treatment options with me before I consent to treatment. I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Initial Page 1 of 2 Consent to Care _____

PLEASE DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE INITIAL THE APPROPRIATE BLOCK BELOW.

I have read () or have been read () the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Justin Kenney, D.C. 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. Having been informed of the risks, I hereby give my consent to that treatment.

Patient Signature _____ Date _____

Patient Printed Name _____ Date _____

Patients Aid Signature _____ Date _____

Patients Aid Printed _____ Date _____

Doctor (D.C) Signature _____ Date _____

Doctor (D.C.) Printed _____ Date _____