

**Bahr Chiropractic Wellness Center, LTD**  
**810 Mt. View Rd.**  
**Rapid City, SD 57702**

**Informed Consent Document**

PATIENT NAME: \_\_\_\_\_

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 questions before you sign if there is anything that is unclear.

**The nature of the chiropractic adjustment.**

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way to move your joints. That may cause an audible “pop” or “click,” much as you have experienced when you crack your knuckles. You may feel a sense of movement.

**Analysis/Examination/Treatment**

As part of the analysis, examination and treatment, you are consenting to some of the following procedures:

Spinal Manipulative Therapy	Palpation	Vital signs
Range of motion testing	orthopedic testing	basic neurological testing
Muscle strength testing	postural analysis	electrical muscle stimulation
Ultrasound	cold therapy	heat therapy
Radiographic studies		

**The material risks inherent in chiropractic adjustment.**

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 myelopathy, costovertebral strains and separation, 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. Some patients will feel some stiffness and soreness following the first few days of treatment. I 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 my attention, it is our responsibility to inform me.

**The availability and nature of your treatment options.**

Other treatment options for your condition may include:

- Self-administration, over-the-counter analgesics and rest.
- Medical care and prescription drugs, such as NSAIDS, muscle relaxants and pain-killers.
- Hospitalization/Emergency room visit/Urgent Care visit or PCP visit.
- Surgery
- Physical Therapy

If you chose to use one of the above noted treatments, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

**The risks and dangers attendant to remaining untreated.**

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

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.**

**PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read ( ) or have read to me ( ) the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Bahr 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 chosen that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment.

DATED: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_