The Human Engine Clinic
A Gringeri Chiropractic Corporation
3461 Picadilly Drive, San Jose, CA 95118 | 408-984-7444

INFORMED CONSENT TO CHIROPRACTIC TREATMENT

Please read this consent form, discuss it with your clinician if you would like to, and then sign where indicated at the bottom.

Clinicians who use spinal manual therapy techniques, such as for example joint adjustment or manipulation or mobilization, are required to inform patients that there are or may be some risks associated with such treatment. In particular:

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

b) There have been reported cases of injury to a vertebral artery following neck adjustment, manipulation and mobilization. Such vertebral artery injuries may on rare occasion cause stroke, which may result in serious neurological injury and/or physical impairment. This form of complication is an extremely rare event, occurring about 1 time per 1 million treatments.

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 adjustment or manipulative techniques and such cases are also very rare.

Treatments provided at this clinic, including spinal adjustment, manipulation and/or mobilization, have been the subject of much research conducted over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, pain in the shoulders/arms/legs, headaches and other similar symptoms. 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, other treatments and procedures frequently given as alternative treatments for the same forms of musculoskeletal pain and other associated syndromes.

In this office we also provide supportive care for patients with diabetes, high blood pressure, high cholesterol and who are overweight. We do this based on the viewpoint that improving diet, improving nervous system function and posture, helping a patient establish consistent exercise habits and improving aerobic function may help to normalize blood glucose levels, blood pressure levels, cholesterol levels and weight. A patient’s management of his/her medications related to his blood glucose, blood pressure, cholesterol and weight control, however, is between the patient and his/her medical doctor. A patient’s decisions regarding medications should be made after consulting his/her medical doctor. Please do not reduce or eliminate medications as a result of opinions formed after attending our lectures or discussing your health with our chiropractor(s) or staff.

Our office also offers nutrition counseling. We do a digestive workup to help evaluate nutritional status/digestive function. Though this evaluation can help focus our supportive care for many health conditions, it is not meant to diagnose disease. If you are on medications, you should always check with your MD or pharmacist before starting on nutritional supplements.

Your clinician will evaluate your individual case, provide an explanation of care and a suggested treatment plan, or alternatively a referral for consultation and/or further evaluation if deemed necessary.

Acknowledgement: I acknowledge I have discussed, or have been given the opportunity to discuss, with my clinician the nature of chiropractic treatment in general and my treatment in particular as well as the contents of this consent.

Consent: I consent to the chiropractic treatment(s) offered or recommended to me by my clinician, including joint adjustment or manipulation or mobilization to the joints of my spine (neck and back), pelvis and extremities (shoulder, upper limbs and lower limbs). I also consent to nutritional advice/recommendations by my clinician. I intend this consent to apply to all my present and future treatments at this clinic.

Dated: _________________, 20____

Name: ____________________________ ____________________________
(Please print name of patient) (Patient Signature)

Name: ____________________________ ____________________________
(Please print name of guardian) (Guardian Signature)

Name: ____________________________ ____________________________
(Print name of Witness/Translator) (Signature of Witness/Translator)