**The Nature of Chiropractic Treatment:** The doctor will use their hands or an adjusting instrument to move the bones of your joints. You may feel or hear 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 heating pads, electric muscle stimulation, therapeutic ultrasound or massage, therapeutic taping, and therapeutic exercise programs may also be administered if the doctor feels modalities are necessary for healing.  
**Possible Risks:** As with any health care procedure, complications are possible following a chiropractic adjustment. Complications could include fractures to bones, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or the spinal cord. Cerebrovascular incident could occur upon severe injury to arteries of the neck. There is a chance one 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”, occurring about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular incident has been estimated to be about one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”. **Other Treatment Options:** If the doctor feels it necessary, other treatment options may include diagnostic imaging, over-the-counter analgesics, prescription medications, injections, and surgery.  **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. **No Warranty:** I understand that my doctor at Mosaic Health and Wellness, cannot make any promises or guarantees regarding a cure for or improvement in my condition. I understand that my doctor will share with me their opinion regarding potential results from chiropractic treatment for my condition and will discuss treatment option 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 plan of care and give my full consent to treatment.  
  
  
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Printed Name Signature Date

Informed Consent to ChiropracticTreatment

**WITNESS:**  
  
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Printed Name Signature Date

***Consent to Treat Minor – For use when applicable***

I authorize the doctors of Mosaic Health and Wellness, to administer care, as deemed necessary, to my child.

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Name of Child Signature (Parent or Guardian) Date