



**Hoskins Family Chiropractic – Boiling Springs, SC**  
**INFORMED CONSENT**  
**To receive Chiropractic Adjustments**

**General.** I understand that there may be other forms of care which I may wish or need to seek provided by other health care practitioners. I also understand that there may be significant risks of not seeking any care for my condition.

I do not expect you to be able to anticipate and explain all risks and complications, or forms of treatment, and I wish to rely on you to exercise judgment within your scope of practice, based upon the facts known. I understand that in rare cases, underlying physical defects, deformities or pathologies may render me susceptible to injury. It is my responsibility to make known before and throughout the care whether I am suffering from any latent pathological defects, illnesses, or deformities that would otherwise not come to your attention, as well as any pathological defects, illnesses, or deformities I may be experiencing.

**Possible Risks of the Care; Alternatives**

**Chiropractic Adjustment.** As with any healthcare procedure, I understand that there are certain complications which may arise during chiropractic manipulation – however rare they might be, and that those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. 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 understand that fractures are rare occurrences and generally result from some underlying weakness of the bone. I also understand that stroke and other complications are also generally described as "rare" with some research stating it is unrelated.

**Other Potential Alternatives.** I understand that other treatment options for my condition may include: Self-administered, over-the-counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; hospitalization with traction; and surgery.

**Contraindications to Adjustment / Procedures:** I understand that you will not give me an adjustment / manipulation, x-rays, modalities, or therapies if you feel that such are contraindicated. In the event that the Care does not include such procedures, I have discussed all contraindications with you and fully understand them.

**Definitions.** “You” and “office” refer to any provider who renders care to me at the location above, and any off-site location associated with Hoskins Family Chiropractic. “Care” includes all services I receive from you, both now, and in the future, including services related to other conditions.

**Signature:** By signing the line on the Intake Form, I signify that I have read this document in its entirety and understand the potential benefits and risks of Chiropractic Care at this office.