

## INFORMED CONSENT FORM

Dr. David J Schimp DC LLC

By my signature below, I agree to undergo examination procedures deemed necessary to determine the nature and extent of my condition(s). I understand that this may include history-taking, orthopedic and neurological examinations, functional testing, x-ray, laboratory testing and chiropractic evaluation as determined appropriate by Dr. David J Schimp.

I also consent to receive chiropractic treatment, if I am deemed a suitable candidate for this care by Dr. David Schimp. In the event that Dr. Schimp recommends nutritional therapies, I understand that nutritional therapies do not treat a specific disease but rather are recommended to support and optimize physiological function of the human body.

Possible risks to chiropractic treatment: All health care procedures carry some degree of risk. It is up to an informed patient to weigh these risks against the potential benefits of the care being sought. Risks associated with manually delivered chiropractic care range from minor to more severe, and include: muscle soreness, joint stiffness, bruising, sprains/strains, dislocations, fractures, spinal disc injuries and damage to nerves or the spinal cord. Occasionally additional therapeutic procedures such as hot and cold packs, electrical stimulation, ultrasound, traction and instrument-assisted techniques are indicated for a particular condition; these procedures may pose risks not mentioned above such as electrical shock, burns, and soft tissue damage secondary to unknown vascular conditions. The risk of harm secondary to manipulation is very low. Manual manipulation of the lower back is 37,000 to 148,000 times safer than non-steroidal anti-inflammatory medications and 55,000 to 440,000 safer than surgery (JMPT March/April 2004). Serious complications after spinal manipulation are less than 1 in 1 million (AHRQ National Guideline Clearinghouse). Most often, our procedures utilize instrument assistance to influence spinal joint mechanics. These procedures carry even less potential for harm than manual procedures. Dr. Schimp will discuss potential risks with you before performing any procedure that may have a potential for harm.

I do not expect Dr. David J Schimp to be able to anticipate all risk and/or complications which could occur during my treatment. I understand that the doctor will be utilizing the treatment(s) that are in my best interests, and indicated by the nature and extent of my condition(s) based upon the facts known at that time. I understand that satisfactory results are not guaranteed.

Risks of not receiving any treatment: If I elect to forego treatment for my condition(s), I understand that my condition(s) may worsen, complications may develop, and any future care may be more difficult and more time consuming.

Alternatives to chiropractic care: I understand that other care options may exist for my condition(s), and the availability of these alternatives depends on several variable factors. Dr. Schimp will explain which alternatives, if any, may be a viable option for me. I also understand that if I wish to explore alternative treatment before or after proceeding with chiropractic care, I am able to do so.

I have read, or have had read to me the above Informed Consent for Chiropractic Care. I have also had an opportunity to ask about its content, and by signing below I agree to the above mentioned procedures. I understand that if my condition(s) warrants the use of any additional procedures which have not already been discussed with me and for which I have not given consent, the procedure(s) and associated risks will be discussed and my consent will be sought prior to the event.

I acknowledge that I understand that patient privacy rules and patient bill of rights are available at the information desk or by download from the clinic's website.

ELECTRONIC SIGNATURE (must be completed at the clinic)