



complete chiropractic

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INFORMED CONSENT IN THE STATE OF GEORGIA

The Medical Practice Act of 1987 regulates the practice of medicine in the state of Georgia. This act governs physicians licensed to practice medicine in all of its branches as well as Chiropractic Physicians who are licensed to treat human ailments without the use of drugs and without operative surgery. Patient care provided by physicians including Chiropractic physicians has known risks, which may include death, brain damage, quadriplegia, the loss of function of any organ or limb or disfiguring scars associated with such care and treatment. For your information the following is routinely furnished to all that consider Chiropractic in this clinic.

Nature And Purpose Of Chiropractic Procedures

The practice of Chiropractic includes many standard examinations, orthopedic and neurological testing, palpation, specialized instruments, laboratory tests, radiological examinations, physical therapy and related rehabilitative procedures. Additionally, there is a procedure unique to the chiropractic profession. The Chiropractic Spinal Adjustment/Adjustments are made by Chiropractors to correct spinal and extremity joint subluxations. One of the most common disturbances to the nervous system is the Vertebral Subluxation Complex. This condition exists where one or more vertebrae in the spine is misaligned sufficiently to cause interference and/or irritation of the nervous system. The primary goal in Chiropractic health care is the removal of nerve interference caused by such subluxations. There is a number of different adjusting techniques, some utilizing specially designed equipment. Adjustments are usually performed by hand but may be performed by hand-guided instruments. A Chiropractic adjustment is the application of a quick precise movement over a very short distance to a specific segmental contact point of a vertebra. Not only should you understand the benefits of Chiropractic in restoring and maintaining good health, but also you should be aware of the existence of some inherent risks and limitations. These are seldom to contraindicate care, but should be considered in making the decision to receive Chiropractic care. All health care procedures, including those used in varying degrees, have some risks associated with them. Risks associated with some Chiropractic procedures may include musculoskeletal sprain, neurological deficits, osseous fracture, vertebral artery syndrome, including stroke and perhaps death through complicating factors.

AUTHORIZATION FOR CHIROPRACTIC CARE

By reading this letter I have been informed of the nature and purpose of the chiropractic care, the possible consequences of the care and the risks of the care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained, including the risks, consequences, and probable effectiveness of each. I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of care and treatment. I have read the above paragraphs. I understand the information provided. The information provided has been explained to me and all questions, which I have asked, have, been answered to my satisfaction. Having this knowledge, I knowingly authorize Dr. John T. Neal or Dr. Kevin A. Berkman to proceed with Chiropractic care and treatment.

Month of _____ Day of _____ Year of _____

Patient Signature

Doctors Signature

When a patient is a minor: Patient _____ years of age. Patient's Name: _____

Signature of Authorized person: _____ Relationship to patient: _____