

McGlynn Chiropractic
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Informed Consent to Chiropractic Treatment

Insurance Assignment: It is the policy of this office to extend to the practice members the courtesy of allowing you to assign your insurance benefits directly to us. This policy allows for the necessary frequency of visits in the initial stages of care and reduces your out of pocket expenses. *Please note that there is a no guarantee that your insurance policy will cover your care.* I must emphasize that as a health care provider my relationship is with you, not your insurance company. *Ultimately, you are responsible for your bill.* In the event that a practice member fails to make payment for services and in the event that Karen L. McGlynn, DC is compelled to engage legal counsel to enforce payment, the practice member agrees to pay in addition to all sums then due, a reasonable attorney fee, calculated with reference to the time actually spent by such attorney in the collection of such sums.

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device/table in order to move your joints with a chiropractic “adjustment”. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked”, and you may feel movement of the joint(s). Various ancillary procedures, such as hot or cold packs and stretching, inter-segmental traction, flexion-distraction, therapy ball, trigger point therapy, soft tissue therapy, acupressure, various topical pain relief gels, oils, creams and/or lotions, etc. may also be used in conjunction with your treatment.

In this office, treatment is provided in an “open” environment. At any given time, more than one person may be receiving treatment. Please respect others and the treatment setting. If conversation is necessary, please speak softly so others are not disturbed, and privacy can be potentially maintained. Treatment plans will be discussed in private. If you are uncomfortable with this setting, please speak to one of us.

Possible Risks: I understand and am informed that, as in the practice of medicine, the practice of chiropractic, there are some risks to treatment. As with any health care procedure, complications are possible following a chiropractic manipulation. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, or minor complications. Complications, while extremely rare, could include but are not limited to: fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, and injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck in extremely rare instances where predisposition already exists. The risk of complications due to chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet.

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Other treatment options which could be considered may include the following:

- *Over-the-counter supplements*- The risks of these may include irritation to stomach, liver, kidneys, and other side effects.
- *Alternative Therapies* – The risks of any of these therapies, in conjunction with medical care, will vary in each individual. Every alternative therapy has its own risks and each individual will react in a different way.

Risks of remaining untreated: Delay of proper chiropractic treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduced 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. Patients who do not follow their approved chiropractic treatment plan may revert to their original symptoms, or even become worse from failing to finish treatment.

Informed consent:

I have read the explanation above of chiropractic treatment & modalities/referral/options. I have had the opportunity to have any questions answered to my satisfaction. I have full evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and/or procedures and hereby give my full consent to treatment and release her from future liability from care. I accept these risks for the benefits of treatment in this office.

_____	_____	_____
Printed Name (or guardian)	Signature	Date

WITNESS:

_____	_____	_____
Printed Name	Signature	Date