

**The Thames Clinic  
Informed Consent to Chiropractic Care**

There are many concerns about the safety of procedures we undergo routinely, the environment that we live in and the food that we consume to name but a few. I hope to explain some of the risks and common responses to chiropractic care so that your concerns may be eased and that you have a better understanding of the adjustments you will be receiving.

Most people will experience some level of discomfort in the early stages of care. This is due to the body settling down and adjusting to new mechanical patterns of movement. It is quite a normal response during the initial stages of care.

If you are (or have been) taking any anti-coagulant (blood thinning) or steroid based medication, then it is important to tell your chiropractor before care commences. It is also prudent to inform them of any other any other medication you may currently or have previously been taking.

In extremely rare circumstances, chiropractic care of the neck may damage blood vessels and give rise to stroke or stroke like symptoms (less than 1 in 2,150, 000). To place this in perspective, the risk of death from gastric bleeding when taking an aspirin or paracetamol for your aches and pains is 3 in 1000 or 7 in 1000 of dying during surgery.

Chiropractic adjustments of the spine are internationally recognized as being far safer in dealing with neck and low back pain than medication and many other alternatives.

We must explain these risks to you so that you can make an informed decision about beginning or continuing your care. If you have any further worries or questions, please feel free to ask your chiropractor.

The adjustments and care you receive will be tailored to you and your specific health needs. If at any stage of care, you are uncomfortable, have doubts or questions then please express them to your chiropractor. Our technique of adjustment can be adapted to suit almost any person, age or condition.

In the case when your usual chiropractor is away, the continuity of your care will be maintained by a registered locum chiropractor.

The clinic operates a 24-hour cancellation policy and has the right to charge any cancelled or missed appointment at this short notice.

I have read and understood the above information and discussed any concerns I may have with the chiropractor. I have been given a report of findings and treatment plan regarding my condition and give my consent to chiropractic care.

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Patient's Signature

\_\_\_\_\_  
Date

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Parent's Signature (if under 18)

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Chiropractor's Signature