



INFORMED CONSENT

Patient Name: _____

Clinic Name: Borck Family Chiropractic P.C.

Doctor's Name: Dr. Corey Borck

Address: 227 W. Main St. Hudson, MI 49247

Phone: 517-448-2277 Fax: 517-448-2288

I will use my hands or a mechanical instrument upon your body in such a way as to move your joints. This procedure is referred to as a "Spinal Manipulation" or "Spinal Adjustment". As the joints in your spine are moved, you may experience a "pop" as part of the process.

There are certain complications that can occur as a result of a spinal manipulation. These complications include, but are not limited to: muscle strain, cervical myelopathy, disc and vertebral injury, fractures, strains and dislocations, Bernard-Horner's Syndrome (also known as oculosympathetic palsy), costovertebral strains and separation. Rare complications include, but are not limited to: stroke. The most common complication or complaint following spinal manipulation is an ache or stiffness at the site of adjustment.

I am aware of these complications, and in order to minimize their occurrence I will take precautions. These precautions include, but are not limited to my taking a detailed clinical history of you and examining you for any defect, which would cause a complication. This examination may include the use of x-rays. The use of x-ray equipment may post a risk if you are pregnant. If you are pregnant, you should tell me when I take your clinical history.

Date: _____

Printed Name

Signature

Signature of Parent of Guardian (if a minor)