

Informed consent

When you seek chiropractic health care at Blaser Chiropractic, it is essential that both you and the doctor are working towards the same goal.

What you need to know

At Blaser Chiropractic, we locate, analyze and correct spinal interference to the nervous system.

The nervous system controls and coordinates all bodily functions. Interference in this master system automatically produces improper function in the body.

Spinal misalignment producing nerve interference is called subluxation, and determines life and health. Correction of the subluxation through a specific chiropractic adjustment allows the body to function at its optimal level. It allows the innate healing power of the body to work at maximum efficiency to restore, maintain and promote health.

As in all health care, chiropractic has very slight and minimal risks to care, including, but not limited to minor strains and sprains, disc injuries and stroke. Current research shows the risk of stroke to be 1 in 5.85 million neck adjustments (Scott Haldeman, DC. MD. Ph.D. & Paul Cary et al, *Canadian Medical Association Journal* October 2001).

We do not treat disease. We do not guarantee results or cure. We do not anticipate or explain all risks and complications. Everyone's response to chiropractic care is unique.

Blaser Chiropractic will exercise judgment during the course of a procedure which we feel at the time, based upon the facts then known, is in your best interests.

Your signature

By signing here, you agree that:

- you have read and understood the information on this page
- you request chiropractic adjustments and other chiropractic procedures including diagnostic X-rays, if necessary, by Blaser Chiropractic
- you consent to chiropractic procedures at Blaser Chiropractic
- you will have an opportunity to discuss with the doctor or staff, the nature and purpose of chiropractic adjustments and other procedures
- you will have an opportunity to ask questions about its content
- you intend this consent form to cover the entire course of care for your present condition and for any future conditions.

YOUR SIGNATURE

DATE

YOUR NAME (PRINT)

WITNESS