

Hornberger Wellness & Chiropractic

4001 Swift Rd, 1st FL

Sarasota, FL 34231

P (941)924-4400

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Informed Consent

Patient Name: _____ Date: _____

To the Patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign it if there is anything that is unclear.

The nature of the chiropractic adjustment: The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "Click," much as you have experience when you "crack" your knuckles. You may feel a sense of movement.

Analysis/Examination/Treatment: As a part of the analysis, examination, and treatment, you are consenting to the following procedures which may be performed on you:

- Spinal manipulative therapy
- Range of motion testing
- Palpation
- Muscle strength testing
- Orthopedic testing
- Ultrasound
- Basic neurologic testing
- Radiographic studies
- Hot/cold treatment
- Blood pressure performed
- Vital signs
- Urine analysis
- Electrical muscle stimulation
- Acupuncture
- Trigger point injections
- Inferred heat
- Nutrition/supplementation analysis and recommendations
- Therapeutic exercise assessment and recommendations
- Aerobic exercise evaluation and prescription
- Herbal remedies, vitamin supplementation, and dietary recommendations
- Self-administered topical analgesics
- Other:

The material risks inherent in the chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separation, and burns. Some types of manipulations of the neck have been associated with injuries to the arteries on the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. The Doctor will make every reasonable effort during the examination to screen for contraindications to care: however if you have a condition that would otherwise not come to the Doctor's attention it is your responsibility to inform the doctor.

The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

The risks and dangers attendant to remaining untreated or stopping treatment prematurely:

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. Stopping treatment prematurely and not following the doctor's recommendation will most likely prevent optimal recovery and increase the probability that the condition will degrade with time as indicated above.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read, or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Joe Hornberger, D.C., or other licensed practitioners practicing within the Hornberger Wellness & Chiropractic center and have had my question answered to my satisfaction and give consent to being examined and treated at Hornberger Wellness & Chiropractic.

Patient's Name

Doctor's Name

Signature

Signature

Signature of Parent or Guardian (if a minor)

Payment

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Joseph P. Hornberger, M.S., D.C., P.A., will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Joseph P. Hornberger, M.S., D.C. P.A, will be credited to my account upon receiving. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional service rendered me will be immediately due and payable. Furthermore, I hereby voluntarily consent to examination, diagnostic treatment and/or Chiropractic care by Hornberger Chiropractic Center, its physicians and employees as explained to me by the attending physician and whomever he may designate as his assistant. I am aware that the science of Chiropractic/Medicine is not an exact science and that any procedure has an inherent risk. I acknowledge that no guarantees have been made to me as a result of any treatment or examination in the office.

Patient's Signature _____

Date _____