

REVLIS MEDICAL, LLC
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Patient Name: _____ Date of Birth: _____ Date: _____
Social Security #: _____ Patient/Clinic ID#: _____ Admit Date: _____

Patient Informed Consent/ Chiropractic

Thank you for choosing our office. This clinic believes that an integrative approach to your healthcare is the best approach and most appropriate delivery system in today's medical environment. Chiropractic adjustments (chiropractic manipulative therapy; C.M.T.) and other medical procedures that you may experience are performed by our well trained and professional staff of doctors.

All health care professionals (anesthesiologists, chiropractors, dentists, medical doctors, osteopaths, pharmacists, surgeons, etc.) are regulated by laws and boards. These health care professionals are required to give you, the patient, advanced notice of any care risks, because health care is not an exact science. It is not reasonable to expect any doctor to foresee all risks and/or complications. Informed consent information regarding any risks such as: paraplegia, quadriplegia, brain damage, stroke disc injury, breaks, fractures, dislocations, drug reactions, death or loss of function or any organ or limb, or disfiguring scars associated with physical care, drugs, surgery and/or treatment is an undesirable result, but it does not necessarily indicate an error in clinical judgment. No guarantee of cure or results has been made to you, the patient in this clinic. Your care may involve the making of recommendations based upon facts known to the doctor at this time. Chiropractic care does not use drugs or surgery and does not diagnose internal and/or medical conditions. These conditions are (internal/medically related) are left solely to the medical doctor's discretion.

For your information, the following is furnished to all patients who request and/or accept chiropractic care in this clinic. Again, chiropractic care does not use drugs or surgery and does not diagnose internal and/or medical conditions. This clinic is staffed with graduate chiropractors who are licensed and recognized by government agencies regulating all the aforementioned healing arts. We also have a medical doctor overseeing our medical services and care.

The practice of chiropractic can include exams and diagnostic testing. In some cases, this includes the utilization of specialized instrumentation, lab tests, radiological exams, nutritional and/or physical therapy, and rehabilitation procedures, etc. There is a special procedure unique to chiropractic: the chiropractic adjustment (chiropractic manipulative therapy – C.M.T.) Adjustments are made by chiropractors to correct and/or reduce and/or stabilize vertebral or extremity subluxation complexes. The goal of chiropractic health care is to reduce and/or stabilize the nerve interference caused by the V.S.C. and its component parts. There are over 200 different adjusting techniques, some using specialized equipment. Adjustments are usually performed by hand but may be performed by hand-guided instruments. A.C.M.T. is the application of a specific force, applied to a segmental contact point, usually on a vertebra, to reduce or stabilize the V.S.C. and its component parts.

As a patient, I understand that some medical procedures/treatments appear indicated by the diagnostic and/or clinical observations performed. I have been informed of the following: A description of the proposed procedure/treatment, the indications for the proposed treatments, material risks and benefits for the patient related to the treatment, the likelihood of the patient achieving their goals, treatment alternatives, the probable consequences of declining the recommended therapy, who will provide the procedure/treatment and when indicated, any limitations on the confidentiality of information learned from or about the patient.

You should understand the benefits of chiropractic health care, but you also need to be aware of some of the limited inherent risks. These occur seldom enough to contraindicate care but should be considered in your informed decision to receive chiropractic care.

All health care procedures such as Adjustments, Electro stimulation, Ultrasound, Decompression, Laser, Injection, Heat/Ice packs have some risks. With these risks it may include burns, musculoskeletal sprain/strain, disc injuries, dislocations, fractures, neurological deficits, Horner's Syndrome, Vertebral Artery Syndrome (V.A.S.), stroke, etc. The chances of this occurring have been estimated by experts to be approximately only 1 per 400,000 treatments, to 1 per 1,000,000 treatments.

Appropriate tests will be performed to identify if you may be susceptible to these risks and you will be notified in that case. If you have any questions about these issues, please do not hesitate to speak with your doctor of chiropractic.

I have read (or have had read to me) the above information. I wish to rely on the doctor's judgment during my course of care, based on the facts then known. I have also had the opportunity to ask questions regarding the above information and possible consequences and risks. By signing below, I now agree to have the chiropractic care procedures recommended and performed. I have no questions and I acknowledge no guarantee of cure has been made to me concerning results, care and treatment. I understand the information and give this consent voluntarily.

Patient Name (Printed)

Patient Signature

Date

Parent/Guardian Signature (if minor)

Staff/Witness Signature

Date