NOTE TO PATIENTS REGARDING CONSENT:

We need your informed consent for the health care services we are to provide you. This means that we want you to understand the services we propose to provide, the cost involved, and what we do with the personal information we obtain about you.

The Canadian Chiropractic Protective Association has requested that all members use the following standardized consent form without changing it in any way. We would like to point out that only some of the items mentioned in this standardized form will apply to your care at The Britannia Clinic© . (For example, our office does not use any electrical or light therapy so there would be no risk to you of skin irritation or burns.)

During your initial consultation, the doctor will clearly discuss with you a proposed treatment plan based on your condition and will explain which of the risk items in the consent form will apply to the type of care you will be receiving.

You will have an opportunity to discuss your proposed care and the consent form items with the doctor before you sign the form.

Furthermore, the successful doctor-patient relationship is based on a commitment by both parties participating in the process of recovery. Your healing response to the care provided in this clinic involves your full and honest participation in your own care and recovery by developing a deeper understanding of how to best help yourself, and by utilizing the tools provided to you that can assist in the recovery and healing process. If you choose not to comply with the treatment and follow-up recommendations, it may adversely affect your health and you may not realize all of the possible benefits from care.

If you have any questions regarding this or any of our other policies prior to your appointment please do not hesitate to contact the office.

Sincerely,

The Britannia Clinic©

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

CONSENT TO CHIROPRACTIC TREATMENT

It is important to consider the benefits, risks and alternatives to treatment. This will help you make an informed decision about proceeding with care. Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body. It also includes soft-tissue techniques, therapeutic modalities and exercise.

Benefits - Chiropractic treatment has been shown to be effective for complaints of the neck, back and other areas of the body related to nerves, muscles and joints. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility and improve function.

Risks - The risks associated with chiropractic treatment vary according to each patient's condition and the location and type of treatment. The risks include:

- **Temporary discomfort or worsening of symptoms** – Treatment may cause some discomfort or an increase in pre-existing symptoms of pain or stiffness. This can last a few hours to a few days.

- **Skin irritation or burn** – Skin irritation or a burn may occur with the use of some types of electrical and light therapies. Skin irritation should resolve. A burn may leave a permanent scar.

- **Sprain or strain** – A muscle or ligament sprain or strain may occur. These should resolve within a few days or weeks with rest, minor care and/or protection of the affected area.

- **Rib fracture** – A rib fracture may occur. This can be painful and limit your activity for some time. These usually heal over several weeks with or without further treatment.

- **Disc injury or aggravation** – Some reported cases associate chiropractic treatment with injury or aggravation of a disc condition. This is rare. Spinal discs may degenerate with age or become damaged, with or without symptoms. Signs and symptoms may include neck and back pain, impaired mobility, or radiating pain and numbness into the legs or arms. In severe cases, impaired bowel or bladder function or impaired leg or arm function may occur, which may need surgery.

- **Stroke** – Some reported cases associate chiropractic treatment of the neck with stroke. This is rare. This type of stroke is a serious event involving arteries in the neck and the interruption of blood flow to the brain. The consequences of a stroke can include impairment of vision, speech, balance and brain function, as well as paralysis or death. If signs of stroke occur, seek medical attention immediately.

Alternatives - Alternatives to chiropractic treatment may include consulting other health professionals, over-the-counter pain relievers, rest, and exercise. Each may have their own benefits and risks.

Questions or concerns - Please ask questions at any time about your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time. You are encouraged to be involved in and responsible for your care. Inform your chiropractor immediately of any change in your health or condition.

I acknowledge that I have discussed my condition and the treatment plan with the chiropractor. I understand the nature of the treatment offered to me. I have considered the benefits and risks of treatment and the treatment alternatives. I have read this form or had it read to me. I consent to chiropractic treatment as proposed to me.

Do not sign this form until you meet with the chiropractor.

Patient Name (print)

_____ _____ _____

Patient/Guardian Signature Date Chiropractor Signature

Updated September 2025