

# **Creedmoor Wellness Center**

Dr. Cheryl Hanly ~ 506 N. Main Street Creedmoor, NC 27522  
919-528-7290 (p) ~ 919-528-7297 (f)

## **Informed Consent Form**

### **The nature of the chiropractic adjustment**

The primary treatment used by Dr. Cheryl is spinal manipulative therapy. This is the procedure that will be used to treat you. She may use her hands or a mechanical instrument upon your body in such a way as to move your joints. An **adjustment** is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

### **The material risks inherent in chiropractic adjustments**

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, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations and stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. We 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 our attention, it is your responsibility to inform our office.

### **The probability of those risks occurring**

Fractures are rare occurrences and generally result from some underlying weakness of the bones, 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.**

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.

I \_\_\_\_\_ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Signatures on forms must be hand-signed on form that has been printed out. Thank you!

### **Consent to evaluate and adjust a minor child**

I \_\_\_\_\_, being the parent or legal guardian of  
\_\_\_\_\_ have fully read understand the above terms of  
acceptance and hereby grant permission for my child to receive chiropractic care.

\_\_\_\_\_ CWC Staff