

Northwest Crossing Chiropractic and Health
628 NW York Dr., Ste 104
Bend, OR 97701
541-388-2429
Theresa M. Rubadue-Doi DC

Informed Consent

I, the undersigned, have voluntarily requested that Dr. Theresa M. Rubadue-Doi DC (Dr. Doi) assist me in the management of my health concerns. I understand that Dr. Doi is a chiropractor and that her services are not to be construed or serve as a substitute for standard medical care. Dr. Doi recommends that I undergo regular routine medical check-ups by my medical doctor.

I _____, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving the movement of the joints and soft tissues. Physical therapy, home exercises, Class IV warm Laser, spinal decompression and nutritional supplements/dietary recommendations may also be used.

Routine chiropractic examination and treatment involve: observation, Inspection, Palpation, Percussion, Orthopedic and neurological testing. An examination and evaluation will be performed to ascertain if you will benefit from this type of care. If not a referral to the appropriate medical or alternative provider will be made.

Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

Risks from Treatment including manipulation, spinal decompression, warm class IV laser, physical therapy, muscle work (graston, guasa, deep tissue) and exercise.

Soreness : It is common to experience muscle soreness in the first few treatments

Dizziness: Temporary symptoms like dizziness and nausea can occur but are rare, but may occur with laser in the suboccipital or TMJ areas. The dizziness usually stops after a few minutes. Please inform your doctor if you experience these symptoms.

Fractures/Joint Injury: In isolated cases underlying physical defects, deformities, or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disc or other abnormality is detected, this office will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments. Once in a

million is about the same chance of getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Physical Therapy Burns: Some of the therapies used in this office generate heat and may rarely cause a burn. Despite precautions, if a burn is obtained, there will be a temporary increase of pain and possible blistering. This should be reported to the doctor.

Class IV Warm Laser: Laser therapy is a safe and effective therapy that is FDA cleared for the temporary relief of pain and reduction of symptoms associated with mild arthritis and muscle pain. Adverse effects from laser are normally rare and temporary and may include hypersensitivity, temporary dizziness, pain during the application or the next day, mild bruising or skin reaction if taking a photosensitizing drug.

Spinal Decompression: Adverse effects may include increased soreness, stiffness and pain usually lasting 12-24 hours.

A thorough health history and tests will be performed to minimize the risk of any complication from treatment and I freely assume these risks.

Treatment Results

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits.

To help minimize soreness drink plenty of water and use ice packs for 10 minutes with a least a 30 minute break. Walking or movement is beneficial along with rest. If discomfort is a concern you can call the office at 541-388-2429 or email drterrydoi@gmail.com. If the pain is not tolerable or you experience neurologic symptoms such as marked weakness of an extremity (foot drop), bowel /bladder incontinence, facial paralysis, please call 911 or go to your local emergency room.

I have read the above explanation of chiropractic treatment. I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing. I have made my decision voluntarily and freely. To attest to my consent to these examination and treatment procedures, I hereby affix my signature to this Informed Consent Document.

Signature of patient: _____

Date and time: _____

Witness: _____