

Boen Chiropractic, L.L.C.  
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Ellisville, MO 63011  
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## CONSENT TO TREAT

*Health care providers are required to advise patients of the nature of the treatment to be provided, the risks and benefits of the treatment, and any alternatives to the treatment.*

### **RISKS**

There are some risks that may be associated with chiropractic treatment. In particular, you should note:

- a. While rare, some patients have experienced rib fractures or muscle/ligament sprains or strains following treatment;
- b. There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment, although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal or soft tissue manipulation or treatment;
- c. There have been reported cases of injury to a vertebral artery following osseous spinal manipulation. Vertebral artery injuries have been known to cause a stroke, sometimes with serious neurological impairment, and may, on rare occasions, result in paralysis or death. The possibility of such injuries resulting from cervical spine manipulation is *extremely* remote.

### **BENEFITS**

Osseous and soft tissue manipulation has been the subject of government reports and multi-disciplinary studies conducted over many years. These reports/studies have demonstrated it to be a highly-effective treatment for spinal conditions, including general pain and loss of mobility, headaches, and other related symptoms. Musculoskeletal care contributes to your overall well-being. ***The risk of injuries or complications from treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures provided for the same symptoms.***

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**I acknowledge that I have discussed the following with my health care provider:**

- a. The condition the treatment is to address;
- b. The nature of the treatment;
- c. The risks and benefits of that treatment;
- d. Any alternatives to that treatment.

I have had the opportunity to ask questions and receive answers regarding the treatment. I therefore consent to the treatment(s) offered or recommended to me by my health care provider, including osseous and soft tissue manipulation. I intend this consent to apply to all my present and future care with **Boen Chiropractic, L.L.C. (DBA Boen Wellness)**.

Patient Name (please print): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_