

INFORMED CONSENT

(EXAMINATION/EVALUATION OF ALL PATIENTS)

Patient Name: _____ Date: _____

By signing this form, you are consenting to an examination by Dr. Scott Arons, DC. He employs standard chiropractic examination methods including the following:

1. Observation: General assessment / appraisal in all positions.
2. Inspection: Viewing / looking at your body parts. Visualization includes general body viewing in a standing position, front, back, and side. All symptomatic (painful) body parts may be viewed. Women may continue wearing their bra and underwear in the course of examination unless it obscures visualization viewing of injured / abnormal body parts. Women may request that a female observer be present at any time.
3. Auscultation: Using a stethoscope to listen for blood pressure and other body sounds.
4. Palpation: This means the doctor will touch you. The doctor will feel for tenderness, heat, swelling, nodularity, laxity of tissues, integrity and abnormality.
5. Percussion: Using a rubber hammer and tapping on bones or tendons to check reflexes.
6. Orthopedic / neurological testing: These are standard tests to assess your neuromusculoskeletal systems.
7. I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interest.

NOTE: You do not have to submit to any examination procedures. We ask you to comply with the best of your ability and report changes in your pain. All procedures are accomplished to your tolerance.

I, _____ understand the above statements and agree to submit to the above procedures and accept the risks and consequences of their application.