

## **Optimal Health Chiropractic**

Informed consent under Nevada Revised Statutes Chapter 634

Health care professions such as chiropractic, dentistry, medicine and surgery are regulated in the state of Nevada. Chiropractic is regulated under NRS chapter 634.

### **Some definitions**

NRS 634.013 Chiropractic is defined to be the science, art and practice of palpating and adjusting the articulations of the human body by hand, the use of physiotherapy, hygienic, nutritive and sanitary measures and all methods of diagnosis.

NRS 634.014 “chiropractic adjustment” means the application of a precisely controlled force applied by hand or mechanical device to a specific focal point of the anatomy for the sole purpose of creating a specific angular movement in skeletal articulations to eliminate or decrease interference with the neural transmission and correct or attempt to correct subluxation complex.

NRS 634.0175 “Subluxation complex” means a biomechanical skeletal misalignment or dysfunction in a part of the body which results in aberrant nerve transmission and expression.

### **The Nature and Purpose of Chiropractic Procedures**

The practice of chiropractic included many standard examination and testing procedures. These include physical examination, orthopedic and neurological testing, palpation, specialized instrumentations, laboratory tests, radiology examinations, physical therapy and related rehabilitative procedures. Additionally, there is a procedure unique to the chiropractic profession -the chiropractic spinal adjustment.

Adjustments are made by chiropractors to correct spinal and extremity joint subluxation(s).

There are a number of different adjusting techniques, some utilizing specially designed equipment. Adjustments are usually performed by hand, but may be performed by hand-guided instruments. A chiropractic adjustment is the application of a quick, precise movement over a very short distance to a specific segmental contact point of a vertebra.

Not only should you understand the benefits of chiropractic care in restoring and maintaining good health, but also you should be aware of the existence of some inherent risks and limitations. These are seldom enough to contraindicate care, but should be considered in making the decision to receive chiropractic care. All health care procedures, including those used in varying degrees, have some risks associated with them. Risk associated with some chiropractic adjusting procedures may include musculoskeletal sprain/strain, neurological deficits, osseous fracture, vertebral artery syndrome (VAS), including stroke and perhaps death through complicating factors.

## **Authorization for Chiropractic Care**

I have been informed of the nature and purpose of the chiropractic care, the possible consequences of the care, and the risks of the care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained, including the risks, consequences and probable effectiveness of each and I have been advised of the possible consequences if no care is provided. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I HAVE READ THE ABOVE PARAGRAPHS. I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME AND ALL QUESTIONS WHICH I HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.

HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE OPTIMAL HEALTH CHIROPRACTIC CLINIC TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

DATE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, LAS VEGAS, NEVADA.

\_\_\_\_\_  
(PATIENT'S SIGNATURE)

\_\_\_\_\_  
DOCTOR OF CHIROPRACTIC'S SIGNATURE)

IF PATIENT IS A MINOR OR UNABLE TO CONSENT:

A: PATIENT IS A MINOR, \_\_\_\_\_ YEARS OF AGE

B: OTHER \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

PERSON AUTHORIZED TO SIGN FOR PATIENT

PRINT NAME: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

DOCTOR OF CHIROPRACTIC'S SIGNATURE: \_\_\_\_\_

NOTES/REMARKS: