

- **Material Risks Inherent in Other Options and Probability of Such Risks Occurring**
Overuse of over-the-counter medication produce undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, pain tolerance, and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long-term use of over-the-counter medicines.

*Prescription muscle relaxants and painkillers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependent upon the patient's tolerance, self-discipline in not abusing the medication, and proper professional supervision. Such medications generally entail very significant risks, some with rather high probabilities.

*The risk in surgery includes adverse reaction to anesthesia, iatrogenic (doctor caused) mishap, risk of hospitalization (exposure to communicable disease, iatrogenic mishap, and expense), and an extended convalescent period. The probability of those risks occurring varies according to many factors.

- **The Risks and Dangers Attendant to Remaining Untreated**
Remaining untreated allows the formation of adhesions and reduces mobility which sets 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. The probability that non-treatment will complicate later rehabilitation is very high.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read the above explanation of chiropractic adjustment and related treatment. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Date: _____

Signature: _____

Printed Named: _____

Signature of Parent/Guardian (if minor): _____