Maine Chiropractic Health Clinic, P.A. · Luc J.Dionne D.C.

Patient Information

Last Name _____ M ___ First Name _____

Age _____ ☐ Male ☐ Female Referred by _____

Date of Birth _____/_____/_____ Social Security _____

Address _____

City _____ State _____ Zip Code _____

Home # ( ) _____ Work # ( ) _____ Ext. _____

Cell # ( ) _____ E-mail _____

Preferred Language: _____ Race: _____ Ethnicity: _____

Employment Information

Employer _____

Occupation _____

Job Duties _____

Emergency Contact

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Spouse's Name _____ Contact Number _____

Friend's Name _____ Contact Number _____

Insurance Information

Insurance Carrier _____ Insurance Plan _____

Policy Number _____ Group Number _____

Secondary Insurance _____

Primary Care Physician _____ Contact Number _____

Address _____

City _____ State _____ Zip Code _____

I hereby authorize the insurance carrier listed above to make payment directly to the Healthcare provider and understand that I am financially responsible for all charges incurred and that are not covered in full by my insurance. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the Healthcare Provider, otherwise I will be responsible for payment.

Patient Signature _____ Date _____

120 Russell Street • Lewiston ME 04240 • ☎ 207-786-0393 • Fax: 207-795-0661

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Informed Consent Form

Patient Name _____

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything unclear.

The Nature of the Chiropractic Treatment

The primary treatment used as a Doctor of Chiropractic is spinal manipulative therapy (SMT) or chiropractic adjustment. Throughout your treatment, I will mainly use this procedure to treat you. I also may use other adjunctive treatment or therapy as listed below. I may use my hand and/or mechanical or computerized instrument upon your body in such a way as to manipulate your joint. This usually causes the joint to cavitate, likely causing an audible sound associated with the procedure. You may feel a sense of movement in your joint which is usually painless.

Analysis/Examination/Treatment*

Spinal Manipulative Therapy	Orthopedic Evaluation
Neurological Evaluation	Radiographic Evaluation
Range of Motion Evaluation	Gait Assessment with Scanning
Muscle Strength Evaluation	Nerve Conduction Velocity Testing
Muscle Stimulation	Vital Sign Examination
Ultrasound	Interferential Therapy
Palpation	Organic Supplement
	Other _____

**Some of the above listed procedures might not be performed during first examination or subsequent visit and could vary from case to case.*

The material risk inherent in Chiropractic adjustment

As with many healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to:

fracture, disc injuries, dislocation, muscle strain, cervical myelopathy, costovertebral strain. Some techniques of neck manipulation have been associated with a higher risk of vascular injuries possibly leading to stroke. Some patients, an estimated 20% of the population, may feel stiffness and some soreness following the first few days of treatment.

I will make every reasonable effort to screen for contraindication to care and use a technique of manipulation which will be most suitable for you depending on your health history. However, if you have a condition that would otherwise not come to my attention which may impact your treatment (such as a recent accident), it is your responsibility to inform me.

The probability of those risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone which shall be estimation during the taking of your history and/or during examination and/or X-Ray. In certain instances, I also will obtain results of your con densitometry, if I suspect potential risk with certain manipulative technique. Stroke has been the subject of tremendous disagreement. The incidence of stroke following Chiropractic adjustment or manipulation are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. In fact new studies suggest that stroke occurring in chiropractic offices are believed to be cervical dissection already in progress. The other complication mentioned above are also generally described as rare.

The availability and nature of other treatment options

Other treatment options for your condition may include:

Self-administered, over-the-counter (OTC) analgesics and rest
Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and painkillers
Hospitalization
Surgery
Epidural Injection

If you chose to use one of the above noted "other treatment" options, you should be aware that there are possible risks and benefits if you decide to opt for such options and you may want to discuss these with your Doctor of Chiropractic as to what should be your next step.

The risks and dangers attendant to remaining untreated

Please be aware that remaining untreated may allow the formation of adhesions and reduce mobility which may promote a pain reaction while further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective the longer it is postponed.

Do not sign until you have read and understand the above. Please check the appropriate block and sign below.

I have read ( ) or has been read to me ( ) the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Luc J. Dionne, D.C. and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks and benefits involved in undergoing treatment and have decided that it is my best interest to undergo treatment recommended. Having been informed of the risks and benefits, I hereby give my consent to that treatment.

Patient

Date: _____

Patient's Name: _____

Signature: _____

Signature of parent or guardian *(if minor)*

Doctor

Date: _____

Doctor's Name: Luc J. Dionne D.C.

Signature: _____

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