

# **Downtown Chiropractic**

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## **INFORMED CONSENT**

I, \_\_\_\_\_, hereby authorize a physical,  
(Please print)  
orthopedic, and neurological examination. Dr. Michael S. Maggio at Downtown Chiropractic will provide this service. Should it be determined that my condition might benefit from Chiropractic care, I consent to treatment that my include, but is not limited to, chiropractic spinal and extremity joint adjustments, trigger point therapy, massage therapy, ice or heat therapy, intersegmental traction, manual traction, electrical muscle stimulation, ultrasound, whirlpool, supplements, herbs and professional advice.

I understand that chiropractic adjustments and associated treatments may include certain risks especially if I have any predisposing conditions. These risks may include muscle soreness, joint pain and stiffness and inflammation, headache, back pain, thermal burns, bruising, or more serious complications such as cardiovascular complications and disc complications.

I understand that the actual risk from manipulation is very low and compares favorably to other forms of therapy for the same conditions. The estimated risk for serious complications from cervical manipulation is 6.39 per 10 million manipulations, and for lumbar manipulation, the estimate is 1 serious complication per 100 million manipulations. These risk figures compare to 15.6 complications per 1000 cervical spine surgeries, and 3.2 per 1000 subjects for nonsteroidal anti-inflammatory drugs (NSAIDS) [ASHP 5:4; Rand 1996].

I understand that the doctors or their staff has given no guarantee or assurance as to the results that may ensue from the procedures.

## **CANCELLATION POLICY**

To provide quality, therapeutic care on a consistent basis and help you restore or improve your functional abilities, keeping your scheduled appointments is important. With that in mind, the following should be understood and honored.

Please call us within 24 hours of your appointment if you have to cancel or reschedule to avoid a \$25 cancellation fee. Our telephone number is located on the appointment card that you are provided with for your scheduled appointments. Please leave a voicemail if prompted.

Canceling in advance allows us to promptly reschedule your treatment times and avoids disruption of continuity of care for yourself and others. If you miss two consecutive appointments without canceling we can exercise our option to discharge you from care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date