

JJL Chiropractic - JJL Auriculomédecine

Informed Consent to Chiropractic and/or Auriculomédecine Care

There are risks and possible risks associated with techniques used by doctors of chiropractic. In particular you should note:

- . a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of techniques. Although uncommon, rib fractures have also been known to occur following certain procedures;
- . b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic care and the occurrence of stroke. Recent studies suggest that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- . c) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments;
- . d) There are infrequent reported cases of skin irritation or inflammation in association with the use of needles used in auriculomédecine techniques.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss with Dr JJ Lob de Lieuneuve, the nature and purpose of chiropractic care in general, spinal adjustments, the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the chiropractic and/or auriculomédecine care recommended to me by Dr Lob including any recommended spinal adjustments and/or needling or laserpuncture.

I intend this consent to apply to all my present and future chiropractic and/or auriculomédecine care.

Date : _____

Name: _____

Signature :