

PATIENT INFORMED CONSENT FORM

Congratulations on choosing AHCC and Chiropractic Health Care. AHCC believes Chiropractic is the safest, most natural health care delivery system in the world today. Chiropractic Adjustments (Chiropractic Manipulative Therapy, C.M.T.) and other health care/rehabilitation and Nutritional procedures are safe and cost-effective.

When a patient seeks primary Chiropractic Health Care at AHCC, and AHCC accepts you as a patient, it is essential for all parties to work toward the same goals. Chiropractic, organ, nutritional and reflex tests have only one primary goal, to reduce the neurological and chemical components (interferences) to your body's own inherent ability to heal itself. It is important that each patient understands the AHCC objectives and methods that will be used to attain AHCC clinical patient goals. This Informed Consent will clarify any concern, confusion or disappointments.

For your information, the following is furnished to all patients who request and/or accept Chiropractic care at AHCC. Again, Chiropractic care does not use drugs or surgery, and does not diagnose internal or medical conditions. AHCC clinic is staffed with licensed Doctors of Chiropractic who are licensed and recognized by government agencies regulating the aforementioned healing arts.

All health care professionals (anesthesiologists, chiropractors, dentists, medical doctors, osteopaths, pharmacists, surgeons, etc.) are regulated by laws and state boards. These health care professionals are required to give you, the patient, advanced notice of any care risks, because health care is not an exact science. It is not reasonable to expect any doctor to foresee all risks and/or unknown complications. Informed Consent information regarding any risks such as: paraplegia, quadriplegia, brain damage, stroke, arterial dislocations, disc injury, breaks, fractures, dislocations, muscle spasms/sprains/strains; drug reactions, death or loss of function of any organ or limb, or disfiguring scars associated with physical care, drugs, surgery and/or treatment is an undesirable result, but it does not necessarily indicate an error in clinical judgment. No guarantee of cure or results has been made to you, the patient in this clinic. Your care may involve the making of additional recommendations based upon the facts known to the doctor at this time. Chiropractic care does not use drugs or surgery and does not diagnose internal and/or medical conditions. Referrals to other providers may occur.

Chiropractic is the science that concerns itself with the relationship between the brain, central nervous system, spine and the function of the body. Any alteration of this relationship can cause the biomechanical (movement of spinal bones and extremities) and neurophysiological (having to do with the normal function of nerves) dynamics (way in which things react or affect each other) of the contiguous (next to each other) spinal and paraspinal structures to be disrupted. This can cause neuronal (nerve cell) disturbances in the form of Vertebral Subluxation Complex (VSC) with its physical components organ, circulation, bone, disc, nerve, muscles, ligaments, etc.), its chemical components (histamine, lactic acid etc.), which can then interrupt the body's inherent recuperative powers.

The practice of Chiropractic can include exams, x-rays, diagnostic and nutritional testing, etc. In some cases, the utilization of specialized instrumentation (Heart Sound Recorder and Heart Rate Variability graphs etc.), lab tests, radiological exams, nutritional testing and/or physical therapy, and rehabilitation procedures, etc. may occur. There is a special procedure unique to Chiropractic: The Chiropractic Adjustment (Chiropractic Manipulative Therapy - CMT). Adjustments are made by Chiropractors to correct and/or reduce and/or stabilize extremity or spinal Vertebral Subluxation Complexes (VSC). The Goal of Chiropractic Health Care is to reduce and/or stabilize the nerve interference caused by VSC and its Component Parts. There are over 100 different adjusting techniques, some using specialized equipment. Adjustments are usually performed by hand, but may be performed by hand-guided instruments. A CMT is the application of high velocity - low force, specific precise movement over a very short distance to a specific segmental contact point, usually on a vertebra to reduce or stabilize the VSC and its

component parts.

Adjustment (CMT): An adjustment (CMT) is the primary application of high velocity, low force used to facilitate the body's reduction and stabilizing of the Vertebral Subluxation Complex (VSC) (misaligned vertebrae) and its Physical and Chemical components. AHCC's Method of Chiropractic correction is reduction stabilization by specific adjustments of the spine and related structures along with other clinical services. (i.e. Nutritional Testing and Recommendations)

Patients should understand the benefits of chiropractic health care, but you also need to be aware of some of the limited inherent risks. These occur seldom enough not to contraindicate care, but should be considered in your informed decision to receive chiropractic care in this clinic/center.

All health care procedures have some risks. With CMT's these risks may include musculoskeletal sprain/strain, disc injuries, dislocations, fractures, neurological deficits, Horners' Syndrome (damage to the nerves on the side of the neck that affect the eye), Vertebral Artery Syndrome (VAS, which is decreased blood supply to the brain, especially when the neck is in certain positions, which can cause dizziness,

rapid involuntary movement of the eyes, vertigo, or fainting), stroke, etc. The chances of this occurring have been generally estimated by some experts statistically to be approximately 1 per 500,000 treatments.

AHCC uses several safe, natural methods of analyzing the body's structural, neurological and nutritional needs. AHCC uses exams, x-rays, muscle testing, nutritional testing, Heart Sound Recorder, Heart Rate Variability graphs, allergy clearings, etc. A deficiency or imbalance in any of these areas, or tests, could cause or contribute to the VSC and various acute or chronic health problems and inflammation processes. The methods of body reflex testing used at AHCC are not methods of diagnosis but specific analysis to develop clinical protocols and recommendations. These are means by which the body's own reflexes are used to accurately determine the root causes of health problems (i.e. VSC).

I understand Chiropractic and Nutritional testing are safe, natural, noninvasive methods of analyzing the body's nutritional and physical needs indicating where deficiencies or imbalances may cause or contribute to various health problems and the VSC. I also understand that the methods of testing are not intended for "diagnosing" or "treating" any disease, including cancer, AIDS, infections or other medical conditions.

I hereby authorize the Doctors, Staff and natural health care practitioners at the Alternative Health Care Center (AHCC) to perform spinal manipulation, muscle testing, and/or nutritional testing and supplementation recommendations. I understand that the results of the above mentioned will help in developing a natural, complementary health improvement program for me to improve my quality of life. The procedures and recommendations may also include specific nutritional supplements, mild exercise, dietary guidelines and target specific home rehabilitation to assist me in improving my health, and not to treat or "cure" any specific disease.

I hereby authorize AHCC to address my condition as is appropriate, using manipulation of the spine and/or nutritional testing, counseling and recommendation of products. Patients who have diseases may receive nutritional support for their general health and the reduction and stabilization of the VSC. The Doctors at Alternative Health Care Center are Doctors of Chiropractic and do not practice medicine, surgery or diagnose medical conditions. The AHCC doctors and staff shall not be held liable in the condition of any disease, nor for any preexisting medically diagnosed conditions.

Appropriate spinal - nutritional tests will be performed to identify if you may be susceptible to these risks, and you will be notified in that case. If you have any questions about these issues,

please do not hesitate to speak with your Doctor of Chiropractic.

I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and myself. Furthermore, I understand that AHCC will prepare any necessary basic reports and/or forms to assist me in making my collection from my insurance company. Also, that any amount authorized to me will be paid directly to this office, and will be credited to me but that I am personally responsible for payments to AHCC. I also understand that if I suspend or terminate my AHCC care, any fees for professional services rendered to me will be due and payable immediately.

It is understood that if x-rays are taken, the original x-rays will remain the property of AHCC, remaining on file where they may be seen at any time while a patient of this office, or I may request in writing and am responsible for all copies under the Michigan Medical Records Act.

I have read (or have had read to me) the above information. I wish to rely on the AHCC Doctors judgment during my course of care, based on the facts then known. I have also had the opportunity to ask questions regarding the above information, and possible consequences and risks. By signing below, I now agree to have the Chiropractic Care, Nutritional Testing and Products recommended. I have no questions, and I acknowledge no guarantee of cure has been made to me concerning results, care and treatment. I sign of my own free will and without duress.

Minor Name Date

Patient Name Printed Patient/Guardian Signature
Date

Parent/guardian Signature (if minor) Staff/Witness
Signature Date

Alternative Health Care Center

20415 Mack Avenue
Grosse Pointe Woods, MI 48236

(313) 881-7677

Pt. #:

Patient Name:

SS #

Date of Birth:

Admit. Date:
