INFORMED CONSENT

ELITE SPINE Chiropractic
20 Creekview Court Ste. B
Greenville, SC 29615

To the patient (or the patient named below, whom I am legally responsible): Please read this entire form thoroughly before signing and dating. If you are unclear or have any questions about this form and its content, please ask immediately.

Chiropractic Adjustments:

The primary method of care provided by Dr. Dominic Lupori is known as chiropractic adjustments. These are highly specific intentional movements of subluxated vertebrae throughout the spinal column and bones of extremities found to cause neurological interference. These adjustments help to optimize health by facilitating neurological and biomechanical integrity, which allows maximum expression of the body's innate recuperative abilities.

Analysis/ Examination/ Treatment:

A complete case history will be performed allowing the Dr. to generate the most specific diagnosis and care plan for you. A thorough physical examination will be performed which may include vital signs, postural analysis, palpation, EMG, range of motion, muscle testing, orthopedic and neurological tests. The use of X-ray imaging may be used to determine underlying risk factors that cannot be accurately assessed during the physical examination process.

Treatments may also include soft tissue and muscular therapies. Mechanical traction, neuromuscular rehabilitation techniques, nutritional, dietary and exercise counseling along with recommended homecare may also be utilized. Additional referrals to proper healthcare professionals for co-management of your case may be made.

Potential Benefits of Chiropractic Care:

The vast majority of chiropractic patients tend to achieve good to excellent improvement in their physical conditions and overall level of wellness. Regular chiropractic care can decrease symptoms of neuromusculoskeletal pain, headaches, stiffness, progression of degenerative conditions and many more. Chiropractic care can improve joint function, range of motion, flexibility, strength, posture, athletic performance and a wide array of other benefits that are all achieved through natural care. Each patient's case is unique and not all patients benefit from care equally. No guarantees are made that any specific condition, symptom or health concern may respond to chiropractic care.

Material Risks Inherent with Chiropractic Care:

As with any healthcare procedure, there are certain complications that may arise when chiropractic adjustments and other care procedures are performed. These complications include but are not limited to: fractures, muscle strain, ligamentous sprains, stroke and radiation exposure. Some patients will experience normal discomfort and soreness following initial treatments. Every reasonable effort will be made during your examination to screen for contraindications for care; however, if you have a condition that would otherwise not come to the attention of the Dr., it is your responsibility to inform.

Probability of Risks Occurring:

Fractures are rare occurrences and are generally a result from underlying weakness of the bone as in patients with osteoporosis. Your case history, examination and X-rays will be utilized to help eliminate the possible risk for fracture. Incidences of stroke are exceedingly rare. The general population has a stroke occurrence of 1 in 133,000 (not related to chiropractic care). An occurrence with chiropractic cervical adjustments is between one and one million and one in five million. Further complications listed are described as rare.

PLEASE SEE BACK!

Risks of not Obtaining Chiropractic Care:

- Prolonged reoccurring pain, discomfort and symptoms
- Scar tissue deposition and adhesions
- Degenerative spinal conditions such as Degenerative Disc or Joint Disease
- Reduced/limited mobility and flexibility
- Delayed and reduced healing response if care is postponed
- More costly and timely care of worsened conditions

Alternative Treatment to Chiropractic Care:

Other treatment options for your condition may include:

- Rest
- Self administered OTC analgesics
- Physical Therapy
- Medical care and prescription drugs such as anti-inflammatories, muscle relaxants, pain-killers and needle injections
- Hospitalization
- Surgery

I have read, or have had read to me, the above consent. I have had the ability to ask any questions pertaining to this form and its content and have had them answered completely to my satisfaction. I am aware of the benefits and risks of seeking chiropractic care as well as my alternative options for treatment. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility. By signing below, I hereby give my consent to follow and receive the recommended treatment.

_____	_____
Patient Printed Name	Signature of parent or guardian
_____	_____
Patient Signature	Signature of legal representative

Date_____

ELITE SPINE Chiropractic, LLC