



REGEN MED PAIN RELIEF CLINICS

RELIEVE – RESTORE – RENEW

15720 W National Ave New Berlin, WI
262-785-5515 • info@regenmedpainrelief.com

A TRADITION OF TREATMENT EXCELLENCE FOR OVER 35 YEARS

Informed Consent for Regenerative Medicine

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both of us to be working for the same objective.

It is important that each patient understand both the objective(s) and the method(s) that will be used to attain this objective. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition and the recommended care to be provided so that you make the decision whether or not to undergo regenerative treatment after being advised of the known benefits, risks, and alternatives.

Regenerative medicine is a science, philosophy and art which concerns itself with the relationship between the spinal structure and the health of the nervous system. As chiropractors we understand that health is a state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebra in the spinal column become misaligned and/or do not move properly. This causes an unhealthy change to nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic. Subluxations are corrected and/or reduced by a chiropractic adjustment. An adjustment is the specific application of force to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine. Adjustments are done by hand where the doctor will put pressure on the specific segment(s) of the spine to adjust the vertebrae into a better position.

If at the beginning or during the course of care we encounter a non-chiropractic or unusual findings, we will advise you of those findings and recommend some further testing or refer you out to another health care provider. Regenerative medicine has been proven to be very safe and effective. It is not unusual however, to be sore after your first few corrective adjustments. Although rare it is possible to suffer from other side effects; i.e. muscle spasms, stiffness, rib fracture, headache, dizziness and stroke.

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive regenerative medicine.

Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child. Date of last menstrual cycle: _____

All questions regarding the doctor's objective to my care in this office has been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept regenerative treatment on this basis.

Print Name: _____ **Signature:** _____ **Date:** _____



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Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

PATIENT SIGNATURE

TODAYS DATE

Insurance Authorization

I, _____
have chosen to utilize my health insurance benefits for treatment rendered to me at Evans
Chiropractic & Pain Laser Clinic starting with today's visit date which is:

(Todays date): _____

I understand that my insurance company will be billed and I may be responsible for payment today for services rendered. I may change my mind at any time and choose to not submit bills to my health insurance company.

PATIENT SIGNATURE

TODAYS DATE