



**Dr. Judith Kanzic**  
**8955 Katy Freeway Suite 102**  
**Houston, TX 77024**  
**713-683-6800**

**PATIENT NAME:** \_\_\_\_\_

To the patient: Please read this entire document and initial each section prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign.

\_\_\_\_\_ **The Nature of the Chiropractic Adjustment.**

The primary treatment Dr. Judith Kanzic, D.C., uses is Spinal Manipulative and Extremity Manipulative therapy. This procedure is used to treat subluxation(s)- spinal, extremity fixations, and misalignments. *COX™ technique and/or a handheld instrument (Arthrostim™ or Activator®) are used to treat the spinal and extremity joints. These techniques are considered low force treatment.* Rarely, manual manipulation of the spine is used.

\_\_\_\_\_ **Analysis / Examination/ Treatment**

As a part of the analysis, examination, and treatment, you are consenting to the following procedures as deemed appropriate by Dr. Judith Kanzic:

- |                           |                              |
|---------------------------|------------------------------|
| • Spinal Evaluation       | • Extremity Manipulation     |
| • Palpation               | • Spinal Manipulation        |
| • Radiographic Studies    | • Vital Signs                |
| • Orthopedic Testing      | • EMS Therapy                |
| • Range of Motion Testing | • Kinesiotaping              |
| • Muscle Strength Testing | • Basic Neurological Testing |

\_\_\_\_\_ **The Material Risks inherent in Chiropractic Adjustments**

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations. Some types of manipulation of the neck have been associated with a condition known as VAD or vertebral artery dissection leading to stroke. Some patients feel some stiffness following the first few days of treatment. Every reasonable effort is made to screen for contraindications to care; however, if you have any conditions that would otherwise not come to my attention, it is your responsibility to inform me.



**Dr. Judith Kanzic**  
**8955 Katy Freeway Suite 102**  
**Houston, TX 77024**  
**713-683-6800**

\_\_\_\_\_ **The Probability of those Risks Occurring**

Fractures are rare occurrences and generally result from an underlying weakness of the bone and the reason for x-ray. Stroke has been the subject of tremendous disagreement. The occurrence of stroke is exceeding rare, and is estimated to occur between 1:1,000,000 and 1:5,000,000 manual cervical adjustments. Soreness at the site of adjustment has been noted.

\_\_\_\_\_ **The Availability and Nature of Other Treatment Options**

Other treatment options for your condition may include:

- Self-administered, over the counter analgesics and rest
- Medical care, prescription drugs, such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization or Surgery

If you chose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

\_\_\_\_\_ **The Risks and Dangers attendant to Remaining Untreated**

Remaining untreated may allow the formation of adhesions and reduce mobility which could set up a pain reaction, further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ, INITIALED, AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

**I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed with Dr. Judith Kanzic and/or staff and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby consent to that treatment.**

**Dated:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**Dr. Judith Kanzic, D.C**  
**Doctor's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**