



# Vermont Chiropractic & Sports Therapy

Dr. Travis M. Hart – Dr. Sarah Harkins Hart  
22 Commerce St. Unit 8A – Hinesburg, VT 05461

## INFORMED CONSENT STATEMENT

### CONSENT FOR SPINAL AND EXTREMITY MANIPULATION

1. While rare, some patients have experienced rib fractures or muscle sprains/strains following spinal adjustment
2. There have been reported cases of injury to a vertebral artery following cervical spinal adjustments. Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment and may in rare occasions result in serious injury. The possibility of such injuries from cervical spinal adjustments is extremely remote.

There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustments, although no scientific study has ever demonstrated such injuries are caused or may be caused, by spinal adjustments or chiropractic treatment.

Printed Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### VERIFICATION OF NON-PREGNANCY (FEMALE PATIENTS ONLY):

By my signature on this form I do hereby state to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period: \_\_\_\_\_. I understand that should I become pregnant during treatment, it is my responsibility to notify the office.

Printed Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CONSENT TO TREAT A MINOR CHILD (FOR LEGAL GUARDIAN OF MINOR UNDER 18 YEARS OLD):

I hereby authorize Dr. Travis M. Hart and Dr. Sarah Harkins Hart to administer treatment, as it deems necessary to:

child's name \_\_\_\_\_.

Relationship to Child: \_\_\_\_\_ Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_