Written informed consent of the patient

Please read this form carefully and ask if there is anything you do not understand or would like to know.

Chiropractic is an academic medical profession. The therapies used are generally well-tolerated with few side effects, which primarily focuses on the diagnosis, prevention and treatment of dysfunctions of the musculoskeletal system and the resulting discomfort. Possible side effects of chiropractic treatment, especially specific joint manipulation:

- The most common side effects are localized pain and tension in the treated area, which disappear within 24-48 hours.
- Fatigue, dizziness, nausea and rarely tinnitus may occur for a short time.
- Serious complications following manipulation of the cervical spine (damage to the nervous and vascular system) have been documented in the literature in isolated cases. (about 1x per 1-5 million treatments). However, more recent scientific studies have not been able to confirm a direct cause and effect relationship.
- In patients with reduced bone density (e.g. osteoporosis) there is an increased risk of rib fracture.

- I have been informed by the undersigned chiropractor about the diagnosis, the objectives, the course of treatment, the expected effects, the possible advantages and disadvantages and the possible risks.
- I have had sufficient time to make my decision.
- I have informed the chiropractor of my known risk factors.
- The chiropractor has answered my questions.
- I have no further questions, am sufficiently informed and consent to the treatment.

Patient:

Last name / first name: .....

Date of birth: .....

Place / date: Zürich .....

Signature of patient: .....
(for minors: signature of legal representative)

Certification of the chiropractor:

I certify that I have explained the nature, meaning and scope of the treatment to this patient.

Place / date: Zürich .....

Signature of chiropractor: .....