Consent to Osteopathic Care

Osteopathic care is recognised as being an effective and safe method of care for many conditions. However, you must recognise that there are risks with all health care procedures, which you should be informed about. All practitioners who use Osteopathic Manipulative Treatments on a patient are required to warn patients of the possible risks associated with those procedures. In very rare circumstances, some treatments of the neck may damage blood vessels and even give rise to stroke like symptoms. *(It is believed the risk may be approx. 1-2 strokes per 1,000,000 neck manipulations performed).*

Please read the following carefully:

1. It has been explained to me that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have discussed with Anna Shawcross the rare risks associated with my treatment which include but are not limited to muscle and joint soreness or strains, nausea, dizziness, fractures, disc injuries, strokes (or like episodes), dislocation, bleeding, bruising, inflammation and an exacerbation or aggravation of my underlying condition
2. I have disclosed all my relevant health information and I also acknowledge that I have had the opportunity to ask questions about the proposed care and been given sufficient time to make a decision about giving consent for the care to proceed
3. I acknowledge that I am aware of and understand the potential risks. I appreciate that a result cannot be guaranteed
4. I do not expect Anna to be able to anticipate every potential risk and complication associated with the proposed treatment/procedure
5. I hereby acknowledge my consent to the performance of the proposed osteopathic care by Anna Shawcross
6. I understand that I can withdraw my consent at any time in writing and that this consent form does not encompass the entire discussion I had with Anna regarding proposed treatment

Patient's name: _____

Patient's Signature: _____

Date: _____