ADVANCED spine & care WELLNESS

(920) 889-2083

515 East Mill Street,
Suite 200
Plymouth, WI 53073

3424 Superior Avenue
Sheboygan, WI 53081

QUADRUPLE VISUAL ANALOGUE SCALE AND PAIN DIAGRAM

PLEASE RATE YOUR PAIN AS IT IS "RIGHT NOW"?
(ZERO BEING NO PAIN AND 10 BEING THE WORST POSSIBLE PAIN)

0 1 2 3 4 5 6 7 8 9 10

RATE YOUR PAIN AS IT IS "ON AVERAGE"?

0 1 2 3 4 5 6 7 8 9 10

WHAT HAS BEEN YOUR PAIN LEVEL AT ITS "WORSE"?

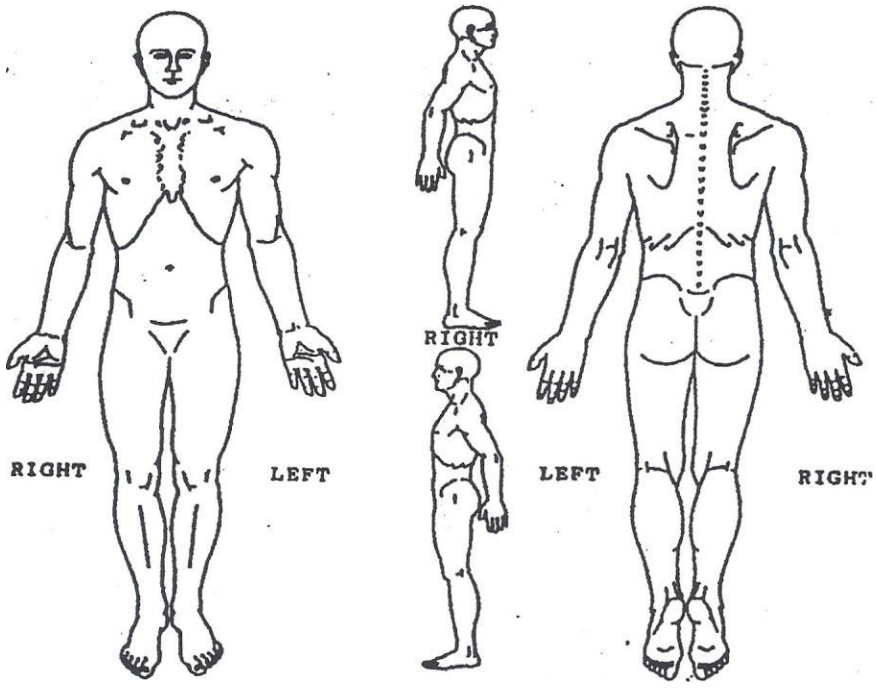
0 1 2 3 4 5 6 7 8 9 10

HOW CLOSE TO ZERO ARE YOU WHEN YOU "ARE FEELING YOUR BEST"?

0 1 2 3 4 5 6 7 8 9 10

Please indicate by using the terms below what type and where your pain is.

B=BURNING	P=SHARP
A=ACHY	N=NUMBNESS
S=STIFFNESS	T=TINGLING



Name_____ Date_____

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INFORMED CONSENT

I would like to take this opportunity to thank you for the confidence you have expressed in choosing us to be part of your health Care team. As in the initial process of choosing a doctor, most decisions involving healthcare options are based on the acquisitions of information and trust. In keeping with this approach, we wish to make you aware of the fact that, although manipulation (one of the treatment procedures utilized at this office) is reported to be one of the safest forms of treatment available, it does never the less, carry the risk of potential side effects. Although the potential of unwanted side effects is a consequence of ANY type of treatment, they are relatively uncommon as a result of spinal manipulation. However, in a small percentage of patients (less than 1) there may be discomfort following manipulation, which can range from aching sensation or stiffness, to actual soreness. In some conditions, this may be an expected consequence of treatment. In very rare cases (approximately one in one million to one in ten million), serious neurological damage may occur. Despite the fact that these complications are quite rare, we do employ screening procedures to help identify individuals at risk, and take every precaution in our diagnosis and treatment to minimize these occurrences, Although spinal manipulation is performed with the utmost confidence in its proven benefits, you do have the choice of deciding whether or not you wish to undergo this procedure. Other forms of treatment are available which include myofacial therapy, various types of electrical therapy procedures, joint mobilization techniques and others. If you understand the described risk and benefit and consent to the treatment, please sign below.

I have read and understand the above statements, and have had the opportunity to discuss any questions regarding these issues with Dr. Morris. I further attest that I am of legal age of consent.

Name_____ Date_____

Witness_____ Date_____