

Dr. Jana Logtenberg
Chiropractor

M.Tech: Chiropractic; MCASA
Registration No.: A10804
Practice No.: 0352012

Polokwane
47B Devenish Street
Tel: 015 297 0555
Cell: 076 212 7447



LOGTENBERG CHIROPRACTIC

Dr. Johmari Logtenberg
Chiropractor

M.Tech: Chiropractic; MCASA
Registration No.: A11993
Practice No.: 0747807

Tzaneen
2A Park Street
Tel: 015 880 0221
Cell: 083 308 7572



Patient Information

Surname: _____ First names: _____

Title: _____ Initials: _____ ID number: _____

Home address: _____

Home telephone number: _____ Cell number: _____

Postal address: _____

Work address: _____

Work telephone number: _____ Occupation: _____

Employer/ Company: _____ Email address: _____

Medical doctor: _____ Home language: _____

Medical aid member details

Medical aid: _____ Option: _____

Medical aid number: _____ Dependant code (if applicable): _____

Main member title: _____ Initials: _____ Surname: _____

Details of person responsible for the account (if different from the above) or the parent / legal guardian if the patient is younger than the age of 21years:

Surname: _____ First names: _____

Title: _____ Initials: _____ ID number: _____

Home address: _____

Work address: _____

Work telephone number: _____ Cell number: _____

Employer/ Company: _____ Email address: _____

Relationship: _____

Informed Consent to Chiropractic Treatment and General Indemnity

I, _____, the undersigned, hereby request and consent to the performance of chiropractic treatment (or on the patient named below, for whom I am legally responsible [hereafter referred to as the patient]) by Dr Jana or Dr Johmari Logtenberg and/or anyone registered as a chiropractor that has authorization to practise in the LOGTENBERG CHIROPRACTIC practice (hereafter referred to as: Locum). I/ the patient further understands that such chiropractic services may be performed by Dr Jana/ Johmari Logtenberg/ Locum who may treat me/the patient now or in the future at this practice.

I am/the patient is further aware and consent that in order to proceed with an effective treatment, my/the patient's health status must be evaluated by means of an interview to obtain the medical history and/or the performance of clinical tests during a physical examination. The reason for this is to diagnose my/the patient's condition but also to determine any contraindications I/the patient may have to any recommended treatment. I am/ the patient is further aware of my/ the patient's right to have a person of my/the patient's choosing present during certain physical examinations and my/the patient's right not to change into the gown and/or shorts that can be provided.

I/ the patient understands that, as with any health procedure, there are certain risks that may arise during chiropractic treatment. Chiropractors are required by law to advise patients of these. Be aware that all preventative measures and techniques will be used to limit risks associated to these procedures/ treatments.

<u>Type of treatment / Procedure</u>	<u>Risks / Complications</u>
<p>Manipulation, mobilization and traction: This procedure involves the movement of joints within their physiological range of motion. Dr Jana/ Johmari Logtenberg/ Locum can use their hands or a mechanical device (which may include but is not limited to an activator or impulse adjustor) to manipulate or mobilize your joints. It is often associated with an audible popping sound (such as the noise when a knuckle is "cracked") and you may feel movement of the joint.</p>	<p>The risks associated with these procedures are typically minor if they occur, possible side effects include mild to moderate discomfort, autonomic phenomena such as dizziness, headaches and post treatment discomfort. More severe complications are extremely rare but have been reported, such as fractures, dislocations, disc herniation or progression of neurological symptoms and stroke. The reported risk of severe complications range from 1 in 1 hundred thousand to 1 in 2 million.</p>
<p>Dry needling therapy: This procedure involves the insertion of a thin needle into myofascial trigger points ("knots" in muscle or fascia).</p>	<p>It is a safe procedure in most areas of the body but may result in bleeding, bruising, infection, localized as well as referred pain and autonomic phenomena such as dizziness and nausea. There is an increased risk when performing this procedure over the lung fields as it is possible for the needle to cause a pneumothorax (air trapped in the thoracic space that can prevent normal inflation of the lung). Symptoms of a pneumothorax include chest pain and shortness of breath.</p>
<p>Electrotherapy: This involves the use of electrical current to aid in the treatment of varying conditions. Devices that could be used in electrotherapy include, but are not limited to, interferential current and transcutaneous nerve stimulation</p>	<p>There is risk of burns, electrocution, skin infection from the electrode covers and some discomfort.</p>
<p>Temperature therapy: This involves the use of heat or cold to aid in the treatment of varying conditions. Cold or heat packs could be used and in some cases devices such as ultrasound and laser.</p>	<p>There is a risk of burns and mild discomfort.</p>
<p>Soft tissue therapy: This involves the manipulation of soft tissue utilizing the hands or in some cases varying devices or instruments. These devices include, but are not limited to, Faktr, Thumper and Shock Wave</p>	<p>There is a risk of bruising, fracture, skin irritation and discomfort</p>

Strapping/ Bracing: This involves the use of strapping and/or bracing to aid in the treatment of varying conditions.	There is a risk of skin irritation, infection and discomfort.
<p><i>Please note that you should report any side effect to Dr Jana/ Johmari Logtenberg/ Locum immediately so that interventions can be done if necessary. In particular please be alerted to any nausea, vomiting, loss of balance, headaches, changes in sensation to any part of the body, loss of muscular power and slurred speech.</i></p>	

I/ the patient doesn't expect Dr Jana/ Johmari Logtenberg/ Locum to be able to anticipate and explain all risks and complications and I/the patient therefore wishes to rely on Dr Jana/ Johmari Logtenberg/ Locum to exercise their judgement during the course of such procedures, based upon the facts then known, and considered in my/the patient's best interest. Should I/the patient experience any side effects, I/ the patient confirm that I/ the patient will immediately notify Dr Jana/ Johmari Logtenberg/ Locum. My/ the patient's failure to raise any concern will create the assumption that I am/ the patient is satisfied with the service provided and further indicates that I am/the patient is not experiencing any side effects to the treatment provided.

I/ the patient acknowledge that I/ the patient has read this consent form or that it has been read to me/the patient, and that I/ the patient understand the contents. All information provided by me/ the patient is true and correct. I/ the patient recognizes that it is my/ the patient's responsibility to inform Dr Jana/ Johmari Logtenberg/ Locum or the receptionist of any changes in my details.

I/ the patient also acknowledges that I/the patient has discussed, or have been offered the opportunity to discuss, with Dr Jana/ Johmari Logtenberg/ Locum, the nature and purpose of chiropractic treatment in general, the treatment options and recommendations for my/ the patient's condition, costs and the contents of this consent. I/ the patient also understands that results are not guaranteed.

I/ the patient intends for this consent to apply to my/ the patient's present treatments and, in future, should it occur that my/ the patient's condition changes during the course of my/ the patient's treatment, I/ the patient will participate in any decision affecting my/the patient's personal health and course of treatment. I/ the patient further note my/ the patient's right to withdraw consent at any time for any specific procedure and/or treatment. I/ the patient further acknowledges that there are associated risks in remaining untreated and/ or delaying treatment.

I/ the patient note that these risks include the formation of adhesions, scar tissue and other degenerative changes which can further reduce skeletal mobility and induce chronic pain cycles. The condition can become more complicated and make future rehabilitation more difficult. In the case of wanting to withdraw consent, I/ the patient will inform Dr Jana/ Johmari Logtenberg/ Locum immediately.

I/ the patient gives consent that messages to remind me/the patient of appointments, well wishes and any other important information relevant to LOGTENBERG CHIROPRACTIC, may be sent to my/the patient's cellphone and/or email address.

I/the patient understands Dr Jana/ Johmari Logtenberg/ Locum's legal duty and herewith consent to the disclosure of my/the patient's diagnosis (ICD-10 codes) to the medical schemes, other medical professionals and support staff employed by Dr Jana/ Johmari Logtenberg or LOGTENBERG CHIROPRACTIC for purposes of reimbursement and/or settlement of my/the patient's account, administrative tasks and/or referral. I/the patient further understands that this disclosure has consequences and same has been explained to me. I/ the patient have the right to withhold my/ the patient's consent to the disclosure of my/ the patient's personal and medical information and understand that by withholding my/ the patient's consent, it could result in the medical scheme refusing any payment reimbursements

associated with Dr Jana/ Johmari Logtenberg/ Locum. I/ the patient acknowledge that once my information has been sent to the relevant medical scheme, Dr Jana/ Johmari Logtenberg/ Locum, has no further control over the management and utilisation of the information and understand that the medical scheme will take responsibility for any further disclosure or utilization of such information for whatever purpose. I/ the patient further acknowledge that it's my/ the patient's responsibility to correct any mistakes made by the medical scheme, with the medical scheme directly and that Dr Jana/ Johmari Logtenberg/ Locum and the receptionist cannot be hold accountable for such mistakes.

I/ the patient further understand and consent to the disclosure of my/ the patient's medical information (diagnosis and ICD-10 codes) to the support staff in the employ of Dr Jana/ Johmari Logtenberg/ Locum. It has been explained to me/ the patient that each member of the staff has signed a confidentiality agreement which ensures that they are not able to disclose my personal and medical information to any third party, family member etc. of the respective employee. Dr Jana/ Johmari Logtenberg/ Locum will not disclose any personal and medical information to any of my friends or family members unless express consent is given by me, authorising them to disclose certain information to same.

I/the patient also hereby accept full financial responsibility for this account until it is settled in full. I/the patient confirms that all details provided are both true and correct. It has further been explained to me/the patient the costs involved in chiropractic consultation and treatment and agree to said costs. I/the patient acknowledge that in the case when I/ the patient is late for an appointment, only the remaining time of the appointment would be used for the consultation and that I/ the patient would be responsible for the payment of the full amount of the consultation's cost. I/the patient also understands that should I/the patient not cancel an appointment within 12 hours of said appointment I/the patient may be invoiced for the full amount and that I/ the patient would be responsible for the payment of said invoice. If the appointment was made on the same day and I/the patient cancels less than 2 hours before, the same will apply.

I/the patient further understands that access to the premises and the use of all facilities is done at my/the patient's own risk. Neither the owner of the premises nor Dr Jana / Johmari Logtenberg who operates the business or their employees, agents or anyone temporarily in their service shall be liable for any damage, loss and/or injuries sustained as a result of such entry unto the premises. I/ the patient hereby indemnify the owner of the premises, Dr Jana/ Johmari Logtenberg and all employees in their service, agents and/or temporary workers against any liability for loss or damage of any kind whatsoever. I/ the patient understand that access to the premises and the facilities are reserved by the owner of the premises, Dr Jana / Johmari Logtenberg who operates the business or their employees, agents or anyone temporarily in their service as well as other tenants on the premises.

Name and Signature of patient/ guardian

Name and Signature of person responsible for the Account

Signature of receptionist

Date

Dr Jana/ Johmari Logtenberg / Locum