



Name of Patient _____ Date _____

WHAT TO EXPECT AFTER YOUR FIRST ADJUSTMENT

Please read the following information carefully. Sign the bottom of the sheet to indicate that you understand the instructions and information given.

1. If you have never been adjusted, or if it has been awhile since your last adjustment, you may experience soreness or discomfort for a few hours to a few days. This is a normal reaction to chiropractic adjustments.
2. If you are sore, use ice packs on the affected area. Ice therapy consists of the use of ice packs at 20-minute intervals followed by 40 minutes of rest. This can be repeated as often as needed. Do not apply ice directly to bare skin. Always protect skin with a thin covering such as a shirt or light towel. Cover the ice pack with a thick towel to retain the cold.
3. Do not use heat except under the doctor's instruction. Heat may aggravate your injury.
4. Stay away from heavy lifting or repetitive movements until the doctor indicates you are ready for normal activities. Strenuous athletic activities such as running, lifting weights, impact aerobics, racquetball, tennis, skiing, bowling, etc. should be avoided. Other things to avoid are yard work such as raking, digging, lifting heavy objects such as groceries, pets and children, and any other activities that could aggravate or re-injure your condition.
5. Unless indicated by the doctor, you may return to work/school after your appointment.
6. If a sudden movement causes sharp or severe pain, or if you experience swelling, contact the clinic at (303) 425-4444. After hours, contact Dr. Justin Trosclair at (225) 505-4850.
- 7.

WHAT YOU CAN EXPECT FROM US

1. We strive to be on time.
2. The doctor will give you his full attention while in the adjusting room.
3. We want to be an office that you can refer your friends, family, and co-workers.

WHAT WE EXPECT FROM YOU

1. Please be on time
2. Those who follow the treatment plan get the best results.
3. Make up missed appointments
4. Attend the Spinal Care Class

I have read and understand the instructions given for my follow-up care.

Patient's Signature

Date