

TELECONSULTATION CONSENT FORM



Chiropractic teleconsultations make it possible to assess your condition, offer recommendations, prescribe X-rays, if necessary, and teach you the exercises that will help you recover. They also make it possible to assess your progress and ensure that you are doing your exercises correctly. In particular, they keep you from having to travel to the clinic.

Technological tools used

Depending on your needs, teleconsultations can be done by telephone or using a videoconferencing app, such as:

Risks

As with various technological means of communication, a breach of confidentiality can occur without the healthcare professional or the patient being aware. This can also occur when documents are shared by email.

Limitations

Although it is possible to conduct a variety of tests remotely, there are nevertheless some limitations, in particular with regard to palpation, muscle strength tests, and some neurological and orthopaedic tests. Similarly, any manual therapy that you might have benefited from during a clinical consultation can obviously not be administered.

Teleconsultation recording

Recording a full or partial teleconsultation is permitted, provided that you and your chiropractor agree and that you are the only person who will view the recording. Other people can view the recording only if you and your chiropractor agree.

Procedure to follow in the event of a breakdown or failure of the technological tools used

In the event of a breakdown or failure of the technological tools used, wait for your chiropractor to contact you by telephone to re-establish the connection and continue the teleconsultation.

Emergency procedure

Please provide the contact information of two people to call in case of emergency (e.g., neighbour, spouse). If an incident occurs during a teleconsultation, your chiropractor will contact one of these two people. If neither person is available to help, emergency medical services will be contacted.

PEOPLE TO CONTACT IN CASE OF EMERGENCY

Name	Relationship to you	Telephone number	Other telephone number

I have read and understood all of the provisions concerning teleconsultation, and I give my free and informed consent for the use of teleconsultation as part of my chiropractic follow-up.

Patient's name (block letters)

Patient's signature

DD/MM/YY
Patient's date of birth

Chiropractor's name (block letters)

Chiropractor's signature

DD/MM/YY
Date