



BRANNICK CLINIC

of Natural Medicine

WHOLE HEALTH PRIMARY CARE & WELLNESS

Informed Consent for Treatment

I _____, hereby authorize the practitioners of the Brannick Clinic of Natural Medicine to perform the following specific procedures as necessary to facilitate my diagnosis, and treatment.

Common diagnostic procedures: e.g. venipuncture, PAP smears, laboratory, physical exam etc.

Minor office procedures: dressing a wound, ear cleansing.

Medicinal use of nutrition: therapeutic nutrition and nutritional supplementation.

Botanical medicine: botanical substances may be prescribed as teas, alcohol tinctures, capsules, tablets, creams, plaster or suppositories.

Homeopathic medicine: the use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.

Lifestyle counseling and hygiene: diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

Psychological counseling: talk therapy.

Acupuncture: application of needles into the body to stimulate and balance energy flow.

Hydrotherapy: application of hot and/or cold to the body.

Massage: manipulation of the soft tissues.

Chiropractic manipulation: adjustments to the spine or extremity.

Colon Hydrotherapy: removing waste and toxins from the large intestine.

Lymphatic Drainage Therapy: therapeutic abdominal massage to promote detoxification.

Hyperbaric Oxygen Chamber: Raises oxygen in body under pressure of 4 psi.

Infrared Sauna: Uses infrared heaters, which is absorbed by the surface of the skin.

I recognize the potential risks and benefits of these procedures as described below.

Potential risks: allergic reactions to or side effects of prescribed herbs and or nutritional supplements, inconvenience of lifestyle changes, injury from venipunctures or other office procedures. Potential risk of adjusting or manipulative procedures include, but are not limited to, fractures, disk injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown or reasonably undetectable by the doctor. Hyperbaric Oxygen rare but possible complications of lung damage, middle of ear rupture, and damage to sinuses. Infrared Sauna possible side effects are over heating, dehydration and depleting electrolytes.

Notice to pregnant women: All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the Brannick Clinic of Natural Medicine or any of its personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that the Brannick Clinic of Natural Medicine will keep a record of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or myself or unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that my practitioner to the best of his/her ability will answer any questions I have.

Signature of Patient or Guardian X _____ Date _____

Printed name or Patient or Guardian _____