Burland Chiropractic

Dr. Brandi Burland
Chiropractic Physician

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INFORMED CONSENT

It is prudent for us to obtain your informed consent prior to examination and treatment. The purpose of the following information is to inform you, not to alarm you. What you are being asked to sign is simply a confirmation that we have discussed the following:

In this office, we used trained/licensed staff and personnel that may assist the doctor with a portion of your care. Occasionally, when your doctor is unavailable due to vacation or other scheduling issues, there may be another doctor that will step in to treat you.

After reviewing your health history, the doctor will examine you and may require other diagnostic tests, such as X-rays, MRI or lab tests, to make an accurate diagnosis and treatment plan. The doctor will select a treatment plan that best suits your needs. Occasionally, the plan may have to be altered during treatment, due to unexpected changes. We encourage you to ask the doctor any questions you may have so you may fully understand your condition.

At this time, we would like to inform you of the risks that may occur from chiropractic treatment. They are as follows: muscles soreness and irritation, headache, pain, muscle spasm and stiffness. In rare instances, dizziness, nausea, physical therapy burns, rib fracture, or disc herniation has occurred. In extremely rare cases stroke has been reported.

Other treatment options are available to you via other medical professionals in regards to your condition; medication, hospitalization, surgery, or no treatment at all.

If there is anything you do not understand, please discuss it with the doctor before signing the statement below.

I certify that the information I provided for the health history is true and factual to the best of my knowledge. I understand the office policy, HIPPA form and the risks of chiropractic treatment. I hereby consent to chiropractic treatment.

_____ _____

Signature of Patient or Personal Representative | Printed Name of Patient or Personal Representative

_____ _____

Date | Description of Personal Representative's Relationship or Authority