

Consent to Naturopathic Treatment

General Diagnostic Procedures: Our practitioners may perform any of the following diagnostic procedures as necessary to provide proper assessment, determine treatment approach, and otherwise address your health concerns including but not limited to: general physical exam, gynecological exam, pap smear, blood, urine and saliva lab work, neurological and psychological assessments.

General Treatment Modalities: due to the diversity of Naturopathic medicine your treatment plan may include any of the following modalities:

- **Herbs/Natural Medicine:** prescribing of various therapeutic substances including plants, minerals and animal materials. Substances may be given as teas, pills, powders, tinctures (may contain alcohol); topical creams, pastes, washes, suppositories, or other forms. Homeopathic remedies may also be used.
- **Dietary Advice and Therapeutic Nutrition:** use of foods, diet plans or nutritional supplements for treatment- may include intramuscular injection of vitamins or minerals.
- **Counseling:** lifestyle counseling, stress management, exercise prescriptions and programs.
- **Soft Tissue and Manual Therapies:** includes the use of massage, stretching, trigger point work, osseous manipulation and therapeutic touch.
- **Thermal Therapies:** hydrotherapy, use of alternation of warm to cold, infrared therapy.
- **Pharmaceuticals:** in some cases the physician may recommend a pharmaceutical medication within scope of practice.

Potential Risks: allergic reactions or side effects from herbs, supplements, or medications; pain or discomfort from manual therapies, hydrotherapy, or injection; aggravation of pre-existing symptoms.

Potential Benefits: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

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 pregnancy.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent to discontinue participation in these procedures at any time. I do not expect the physician to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on my practitioner to exercise judgment during the course of treatment which she thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me regarding cure or improvement.

Patient's Name (PRINT)

Patient's signature

Guardian/Representative name/authority
(PRINT)

Guardian/Representative's signature (PRINT)