



Informed Consent and Request for Naturopathic Medicine

I understand that the evaluation, diagnosis and treatment by a naturopathic physician, and specifically by the naturopathic physicians at the Women's Health and Healing Center may include, but is not limited to:

- Interview (history taking)
- Physical examination
- Common diagnostic procedures (such as, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva, Pap Smears)
- Dietary advice and therapeutic nutrition (such as the therapeutic use of foods, diet plans, nutritional supplements, intravenous and intramuscular injections)
- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the body surface)
- Botanical medicines and nutraceuticals [also referred to as supplements] (such as the prescribing of various therapeutic substances including plant, mineral and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures-which may contain alcohol, suppositories, topical creams or other forms.)
- Homeopathic remedies (highly diluted substances)
- Over the counter medications
- Prescription medications to be filled at a pharmacy

I understand and I am informed that in the practice of Naturopathic Medicine there are risks and benefits with evaluation, diagnosis and treatment including, but not limited to the following:

- **Potential risks:** pain, discomfort, minor bruising from Acupuncture; allergic reaction to prescribed herbs, supplements, prescription medications; an aggravation of pre-existing symptoms.
- **Potential benefits:** restoration of the body's maximal functioning 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 provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.**

By signing this form, I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees have been given to me concerning the results intended from the treatment. I intend that this consent form is to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

Patient's Signature

Date

Print Patient's Name