



INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize the doctors at Flagstaff Clinic of Naturopathic Medicine to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

- **Common diagnostic procedures:** Including but not limited to general physical exams, venipuncture, Pap smears, blood and urine lab work.
- **Minor office procedures:** e.g., dressing a wound, ear cleansing.
- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation.
- **Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, cremes, plasters, or suppositories.
- **Homeopathic medicine:** the use of highly dilute quantities of naturally occurring elements to gently stimulate the body's healing responses.
- **Lifestyle counseling and hygiene:** Promotions of wellness including recommendations for exercise, sleep, contraception, and stress reduction.
- **Electromagnetic and thermal therapies**
- **Psychological Counseling/Holistic intuitive counseling**
- **Hydro/cryo therapy:** the application of heat or ice packs as indicated to reduce muscle spasm or inflammation
- **Naturopathic manipulation:** specific manipulation of muscles and joints
- **Acupuncture:** insertion of fine needles through the skin into specific points
- **Injection/intravenous therapy:** including prolotherapy, MFTPI, vitamin and/or mineral IV/injection, suturing

I understand that treatment by a naturopathic doctor is intrinsically different from treatment by a medical doctor. Naturopathic care is intrinsically safer than conventional systems of medicine, though there are potential risks in what we do as well. The care we provide may, or may not, be directed at a specific disease or disorder. It may be preventative in nature, designed to improve overall health and well-being, and restore the body's innate healing ability. The practitioner will always strive to provide full disclosure of all information relevant to a patient's health care.

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

Potential risks: allergic reactions to prescribed herbs and supplements, side effects of natural medications, healing reaction as defined below, inconvenience of lifestyle changes, injury from IV/injections, venipuncture or procedures.

Healing Reaction: Natural healing may occasionally generate a "healing reaction." If this is anticipated, the doctor will offer the patient a paper which discusses this phenomenon. Generally this will occur as a flu-like state with fever or a worsening of symptoms for a few days. It can also, however be different than this and may require expert attention and guidance.

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 the pregnancy.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the treating doctor 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.

Date

Signature of Patient

Signature of Patient Representative or Guardian