

Patient Informed Consent Form

I, _____ (or the patient named below for whom I am legally responsible), hereby request and consent to receive naturopathic medical care by the above named Oregon licensed naturopathic physician and/or other licensed physicians who now or in the future may treat me while working at or associated with or serving as back-up for the above named doctor (hereafter referred to as allied health care providers), whether signatories to this form or not. I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Julia Parke and/or with the allied health care provider providing backup:

- (1) my suspected diagnosis(es) or condition(s)
- (2) the nature, purpose, goals and potential benefits of the proposed care
- (3) the inherent risks, complications, potential hazards or side effects of treatment or procedure
- (4) the probability or likelihood of success
- (5) reasonable available alternatives to the proposed treatment procedure
- (6) potential consequences if treatment or advice is not followed and/ or nothing is done

I understand that Naturopathic evaluation and treatment may include, but are not limited to:

- 1) Physical exam (including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments)
- 2) Common diagnostic procedures (including venipuncture, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva)
- 3) Soft tissue and osseous manipulation (including therapeutic massage, strain-counter-strain, naturopathic/osseous manipulation of the spine and extremities)
- 4) Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements and intramuscular vitamin injections)
- 5) Botanical/herbal medicines, 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, tropical creams, pastes, plasters, washes or other forms
- 6) Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- 7) Hydrotherapy (use of hot and cold water, may include transcutaneous electrode stimulation)
- 8) Counseling (including but not limited to visualization for improved lifestyle strategies)

9) Over-the-counter and prescription medications (including only those medications on the Formulary of Oregon Naturopathic Physicians)

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: Allergic reaction to prescribed vitamins, herbs, supplements, prescription medications and constituents therein; an aggravation of pre-existing symptoms; gastrointestinal upset; nausea; vomiting; headache.

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 notify the doctor if they become or suspect they are pregnant since certain therapies could present a risk to pregnancy.

I have read the above information and consent. I have also had an opportunity to ask questions about its content, and by voluntarily signing below I agree to the above-named treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek diagnosis and treatment.

(Patient/patient's representative signature) (Date) Indicate relationship if signing on behalf of patient):

Name: _____

Date: _____ Relationship to patient: _____

(Printed name of patient/patient's representative (Date) Basis of representative's authority to act for patient):

Name: _____ Date: _____

Relationship to patient: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION