



NATUROPATHIC CONSENT TO TREATMENT

I, _____, hereby request and consent to examination and treatment with Naturopathic Medicine by **Dr. Ryan Nakama, ND**

I understand that as a Naturopathic Doctor Dr. Nakama may include **the following examination or treatment methods**, but are not limited to:

- Physical examination (including vitals, EENT, heart and lung, abdominal, musculoskeletal, orthopedic and neurological assessments. Vaginal, testicular, rectal, prostate and breast exams will only be administered if requested or warranted).
- Common diagnostic procedures (including venipuncture, and laboratory evaluation of blood, urine, stool and saliva)
- Botanical/herbal medicine (prescription of therapeutic plant substances which may be given in the form of teas, pills, creams, powders, tinctures [which usually contain alcohol], suppositories, pastes, plasters, washes or other forms)
- Clinical nutrition (including food selection, diet plans, nutritional supplements)
- Counselling (including but not limited to visualization, self-empowerment techniques, mind-body medicine and stress reduction techniques)
- Homeopathic remedies (highly diluted quantities of naturally occurring substances)

I understand that **it is my responsibility** to inform Dr Nakama immediately of the following and failure to do so could result in unnecessary avoidable complications for which I take full responsibility:

- Notify of all current disease conditions and any changes to my current disease state
- Notify of any medication, over the counter drugs or supplements and any changes to any of these (including new additions)
- Notify of any known allergies to drugs or other substances or any past reactions to anaesthetics
- Notify of pregnancy, suspicion of pregnancy, or breastfeeding

I understand that it is my responsibility to request that Dr. Nakama explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services has been made to me concerning the intended results of any treatment provided to me.

My signature below confirms that:

1. I have been provided ample opportunity to read this form or that it has been read to me.
2. I understand the information provided on this form and the procedures have been adequately explained to me and thus give my oral and written consent to evaluation and treatment.
3. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment from Dr. Nakama
4. I release Dr. Nakama from any and all liability associated with, but not limited to, the procedures mentioned herein.
5. I authorize and consent to the performance of the procedures listed herein.
6. I understand that I may withdraw my consent, in writing, at any time.
7. I understand that there will be no refunds for acupuncture and massage purchases, a credit will be left on the account for one year from date of purchase.
8. Purchases and/or credits are non-transferable.

Printed name of Patient

Printed name of Guardian

Signed name of Patient

Signed name of Guardian

Date

Date