

Consent to Naturopathic Treatment_SBF_2019

I would like to welcome you to the services of Dr. Sara B. Frawley. This practice utilizes the principles of Naturopathic Medicine to assist the body's own ability to heal and thrive. A number of different approaches may be used including: Clinical Nutrition and Nutritional Supplements, Botanical/Herbal Medicine, Homeopathy, Traditional Chinese Medicine, Physical Medicine and Lifestyle Counseling.

The slight health risks of some Naturopathic treatments include, but are not limited to: aggravation of pre-existing symptoms or conditions, allergic reactions to supplements or herbs, pain, fainting, and bruising or injury from acupuncture and osteopathic manipulation.

Dr. Frawley will conduct a thorough case history as part of a naturopathic intake assessment. A physical exam and/or specific laboratory tests (blood and/or urinary) may be required and used as part of the treatment work-up (as deemed necessary after a comprehensive intake).

Although Naturopathic Medicine uses gentle therapies, even these may induce complications in certain conditions such as pregnancy, lactation, young children, elderly and in certain conditions including but not limited to cancer, diabetes, liver, heart or kidney disease. It is therefore important to inform your Naturopathic Physician of all current and previous diagnoses and/or medications you may be taking (prescription or over-the-counter). If you are a female and are either pregnant, suspect you may be pregnant or are nursing, please advise your Naturopathic Physician.

I voluntarily consent to outpatient care of Dr. Sara Frawley, encompassing routine diagnostic procedures, examination and medical treatment including, but not limited to, routine laboratory work (such as blood, urine and other studies), and administration of medications prescribed by the doctor. I further consent to the performance of those diagnostic procedures, examinations and rendering of medical treatment by the medical staff and their assistants, including their designees as is necessary in the medical staff's judgment. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and may request a copy of it by paying the appropriate fee.

As a patient of Dr. Frawley, I am at liberty to seek or continue medical care from a medical doctor or other health care provider. I understand it is encouraged that I maintain a relationship with a prescribing medical doctor. This consent form is intended to cover the entire course of treatment for my present and future conditions. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that the Naturopathic Physician will answer any questions I may have to the

best of her ability. I understand that results are not guaranteed. With this knowledge I voluntarily agree to the diagnostic and therapeutic treatments prescribed by the physician. Treatment advice will NOT be given over the phone or via e-mail unless directly relating to specifics discussed during a clinic visit.

I understand that NOT ALL of the treatment suggestions provided are accepted by the United States FDA and therefore should not be taken as such.

A part of treatment your physician may prescribe supplementation specific in supporting your condition(s). While I understand that online stores may offer discounted products, Dr. Frawley cannot attest to the quality, handling, or storage of the products bought from Amazon.com or other unregistered sites. Dr. Frawley is committed to offering USP* approved products that follows the guidelines set forth by this organization. If you decide to order from an unapproved third party distributor, Dr. Frawley is not responsible if you experience any negative reaction(s), allergic reaction(s), or decreased/no effectiveness.

**U.S. Pharmacopeial Convention is a scientific nonprofit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed and consumed worldwide. www.usp.org*

I accept full responsibility for any fees incurred during care and treatment. I understand that charges are to be paid at the time of the visit or following submission to insurance unless previous arrangements have been made prior to my scheduled appointment. I also understand that the Cancellation policy requires me to cancel and/or reschedule a booked appointment 24 hours prior to a given, scheduled appointment. Cancellations with less than 24 hours notice will be charged a \$50 fee to credit card on record (see intake form) or must be paid prior to the next visit.

I understand that this consent form will be valid and remain in effect as long as I receive medical care by Dr. Sara Frawley. This form has been explained to me and I fully understand this Consent to Treatment and agree to its contents.

Patient Signature or Guardian

Signature (if patient is under 18) : _____

Today's Date _____