



Consent to Consultation

I agree by signing below that I am giving my consent to undergo treatment at Specialty Natural Medicine, Inc. P.C. "Specialty Natural Medicine" and have been informed herein regarding the potential benefits and risks involved.

I, (the undersigned), request and consent to (or consent as the legal guardian for) the examination and treatment by Dr. Kathleen Janel and/or Dr Maegan Knutson and/or Dr Christine Beasley now or in the future and by persons employed or contracted, working as associates, in residency under, in training under, or serving on call for them; hereafter referred to as allied health care provider. I have the right to requests that students studying under them not be included in my evaluation and/or treatment.

I understand that I have the right to discuss with the doctors and/or with her allied health care providers:

- My suspected diagnosis or condition.
- The nature, purpose and potential benefits of the proposed care.
- The inherent risks, complications, potential hazards, or side effects of the treatment or procedure.
- The probability or likelihood of success.
- Reasonable available alternatives to the proposed treatment or procedures.
- The possible consequences if treatment or advice is not followed and/or nothing is done.

I understand that naturopathic evaluation and treatment may include, but is not limited to:

- Physical examination.
- Common diagnostic procedures (venipuncture, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool, saliva, hair, skin).
- Soft tissue and osseous manipulation (massage, neuro-muscular technique, muscle energy stretching, cranio-sacral therapy, osseous manipulations of the extremities and spine, trigger point injections and neural therapy injections)
- Thermal therapies (castor oil therapy, hot/cold contrast therapy, colonic irrigation).
- Dietary advice and therapeutic nutrition- (Including, the use of foods, diet augmentations and avoidances, nutritional supplements, intramuscular and intravenous vitamin and nutrient injections and allergy injections LDA).
- Herbs/natural medicines (the prescription of various therapeutic substances including plant, mineral, and animal materials.) Substances maybe in the forms of teas, pills, powders, liquids, creams, pastes, ointments, gels, tinctures, (which may contain alcohol) suppositories, plasters, washes or other forms.
- Homeopathic remedies (highly diluted quantities of naturally occurring substances),
- Hydrotherapy (the use of hot and cold water, colon hydrotherapy, cryotherapy).
- Counseling (including, but not limited to biofeedback, hypnosis, emdr, and visualization).
- Over the counter and prescription medications
- LHE- Light Heat Energy Treatments using pulse light and heat in the treatment of skin disorders.
- Acupuncture and Traditional Chinese Medicine treatments

I understand and have been informed that in the practice of naturopathic medicine there are some risks and benefits with evaluation and treatment including, but not limited to:

- Restoration/potential for the 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, possible pain, discomfort, minor bruising, discoloration, infections, loss of consciousness, tissue injury from topical procedures, heat or frictional therapies, hydrotherapies, allergic reactions or intolerance to prescribed herbs or supplements, prescription medications, soft tissue or bony injury from physical manipulations, aggravation of a pre-existing symptom.

I hereby consent to the performance of chiropractic procedures, including various modes of physio therapy, diagnostic x-rays, and any supportive therapies on me (or on the patient named below, for whom I am legally responsible) by Dr Christine Beasley and/or other licensed doctors of chiropractic and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up for Dr Beasley, including those working at the clinic or offices of Specialty Natural Medicine or any other office or clinic.

I understand and I am informed that, as is with all Healthcare treatments, in the practice of chiropractic there are

some risks to treatment, including, but not limited to, muscle spasms for short periods of time, aggravating and/or temporary increase in symptoms, lack in improvement of symptoms, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

I agree to alert Drs Janel/Knutson/Beasley and her allied health providers/staff if I am or suspect that I am pregnant in order to avoid prescriptions, either natural or pharmaceutical and or treatments which are contra-indicated in pregnancy.

If I am an individual with a bleeding disorder, pace maker, major organ transplant, serious debilitation disease and/or cancer, I agree to alert the provider of this/these conditions and understand that treatment with natural medicine is not promoted to act in replacement for my established medical therapy. However, that there are circumstances in which natural therapies may augment the treatment of these conditions.

I understand that Medicare does not accept insurance claims from naturopaths and this office will not bill Medicare or Medicaid for services.

I understand that if I am providing insurance billing information that I am responsible for all charges whether or not they are covered by my insurance. I understand that finance charges begin accruing on my account that is past due. I further understand that after 45 days, past due accounts will be forwarded to an outside collection agency and I will be responsible for any fees generated as a result of collection efforts. I understand that appointments cancelled or missed with less than 24 hours notice will be charged for the full appointment cost. I understand that my credit card may be charged for any outstanding fees. I understand that any guardian(s) listed below are subject to the same financial terms as outlined in the paragraph and that my payment history, account balance and due dates may be disclosed to the guardian for the purposes of securing payment.

I understand that Dr. Janel/Knutson/Beasley will only prescribe medication if they think that it is in best interest of the patient. Appropriate referrals will be provided to manage the patient's other needs.

I understand that the US Food and Drug Administration has not sought to approve nutritional, herbal, or homeopathic substances, however, that they have been widely used throughout the world, for centuries in some cases.

I understand that Dr. Janel/Knutson/Beasley are not a psychologists or psychiatrists and that their counseling services are indicated for improved lifestyle and wellness. I also understand that Dr. Janel has a poodle in her office during our interview and I have no concerns with his presence.

I do not expect Drs. Janel/Knutson/Beasley and/or her allied health care providers to be able to anticipate and explain all the risks and complications. I wish to rely on the provider to exercise all judgment during the course of the procedure, based on current literature and practice. 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 or services have been made to me concerning the results intended from the treatment proposed and/or carried out.

By signing below, I acknowledge that I have been provided ample opportunity to read this form, or that it has been read to me. I understand the above and give my oral and written consent to the evaluation and treatment at Specialty Natural Medicine. 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 at the Specialty Natural Medicine.

Patient's Printed Name

Date

Signature of Patient or Guardian of Patient and Printed Name