

## **INFORMED CONSENT TO NATUROPATHIC TREATMENT AND OFFICE POLICIES**

I (name) \_\_\_\_\_ consent to be treated or for my  
child (name) \_\_\_\_\_ to be treated by Dr.  
Christina Cooke, a licensed naturopathic physician in the State of Oregon.

Naturopathic medicine is the treatment and prevention of diseases and disorders by natural means. Naturopathic doctors assess the whole person and take into consideration physical, mental, emotional and spiritual aspects of the individual. Using a variety of treatment modalities, gentle, non-invasive techniques stimulate the body's inherent healing capacity.

**Diet and nutrition:** Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

**Botanical Medicine:** Botanical Medicine is a plant-based medicine using herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

**Homeopathic Medicine:** Homeopathy, developed in the 1700's, is based on the principle of "like cures like". A remedy is selected, which in its crude form would produce in a healthy individual the same symptoms found in a sick person suffering from the specific disease. Minute amounts of natural substances (plant, animal, mineral) are used to stimulate the body's innate ability to heal. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

**Physical Medicine:** This includes the use of various hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation, therapeutic ultrasound and heating lamps for treating musculoskeletal and neurological problems. Hydrotherapy refers to the use of hot and cold-water applications to improve circulation and stimulate the immune system.

**Naturopathic counseling:** Naturopaths are trained in basic counseling and behavioral medicine. While such counseling is very helpful, it is not a substitute for a Licensed Clinical Social Worker, psychologist or psychiatrist. Dr. Cooke can make appropriate referrals to such professionals.

Since Naturopathic Medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Dr. Cooke will help you identify

risk factors and make recommendations to help you optimize your physical, mental and emotional environment. Dr. Cooke will take a thorough case history, do a full physical examination, and request or perform testing via blood, saliva, or urinalysis. If required, the physical may include specific examinations such as gynecological, breast, rectal, prostate or genital exams.

## DECLARATION AND CONSENT TO TREATMENT

Even the gentlest therapies have their complications. Certain conditions such as pregnancy, lactation, certain diseases such as diabetes, heart, liver or kidney disease, those on multiple medications, and the very elderly or very young need to proceed with caution in treatment. It is very important that you inform Dr. Cooke immediately of:

- any disease process that you are suffering from
- if you are on any medication or over the counter drugs
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant or if you are breast-feeding

There are some potential health risks to treatment by Naturopathic Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from Venipuncture
- Muscle strains, sprains or disc injuries from spinal manipulation
- The potential for stroke in neck manipulation

(Tests will be done to screen for this possibility. Clinical research has shown that stroke-like occurrences are rare, occurring approximately 1 in 1.5 million manipulations).

I recognize the potential risks and benefits of naturopathic medicine.

**Potential benefits:** improved health that may lead to prevention or relief of symptoms and elimination of problems. Such elimination does not represent a cure.

**Release:** Fully understanding the above-described information and potential risks, I voluntarily consent to treatment. Realizing that, as with any medical treatment, no guarantees are possible and none have been given to me by my doctor or his/her staff regarding any cure or improvement in my condition. I hereby release Dr. Cooke's clinic, staff, or on-call physician (in case of emergencies) from any and all liability that may arise as a result of my diagnosis and/or treatment. I understand that any of my questions regarding any procedures will be answered by Dr. Cooke and that I am free to withdraw my consent and to discontinue treatment at any time.

**Medical records:** I authorize the utilization of clinical or other information contained in my medical records for research or teaching purposes so long as my identity is not disclosed. Information regarding my case may be shared with other health professionals or with attorneys, with my permission, to further the goals of my treatment program or for any other appropriate purpose.

**Payment:** I have been informed about the doctors' fees and acknowledge that I am directly responsible for payment of all charges incurred while I am under the care of Dr. Cooke. I understand that all payments are due at the time of service. I will pay for all pharmacy items and books when I receive them. I understand that all payments may be made by check, Visa, or MasterCard, that \$20 will be charged for any returned checks, and that a \$5 handling fee will be added monthly to any outstanding balance not paid within 30 days of service. I agree to pay for any costs of collection and/or attorney fees or costs incurred by any delinquent unpaid balances on my or my child's account.

**Insurance:** Regarding insurance reimbursement, I will pay all fees directly to Dr. Christina Cooke at the time of each visit and, if appropriate, will seek reimbursement from my insurance company. I know that phone consultations are rarely covered by insurance.

**Cancellations and Missed Appointments:** I understand that all appointments cancelled less than twenty-four (24) hours in advance, as well as no-shows, will be charged a \$25 fee except in case of emergency. Emergencies are situations deemed unpredictable and/or unavoidable by the patient, e.g., car breakdown, family emergency, inclement weather. I am responsible for keeping my appointment whether or not I receive a reminder call. I will call Dr. Cooke's phone to cancel any appointments during office hours, or will leave a message on her voicemail. I understand that my insurance will not cover any missed appointments. The cancellation policy applies to my first as well as subsequent appointments.

**Special Payment:** If I am 65 or older, I qualify for a 10% discount on office visits (excluding supplements), and will request it. If I have a financial hardship, I may inquire about special arrangements prior to my appointment.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND AGREE TO ALL OF THE ABOVE PROVISIONS.

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(Signature of patient or of person authorized to consent for patient)

(Date)