

CONSENT TO TREATMENT

I, _____, hereby authorize Dr. Melissa Kohler of the Natural Health Clinic of Olympia to perform the following specific procedures as deemed necessary to facilitate my condition and treatment. You have the right to make the final decision about whether or not to use these therapies at the time of service:

NATUROPATHIC MEDICINE

- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation, and intramuscular injections
- **Botanical medicine:** herbal substances may be prescribed as teas, alcohol tinctures, capsules, tablets, creams, plasters, or suppositories
- **Homeopathic medicine:** the use of highly diluted quantities of plants, animals and minerals to gently stimulate the body's healing responses.
- **Lifestyle counseling:** diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities

I recognize the potential risks and benefits of these procedures as described below:

- **Potential benefits:** restoration of health, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or it's progression
- **Potential risk:** allergic reactions to prescribed herbs and supplements, side effects of natural medicines

ACUPUNCTURE

- **Acupuncture:** insertion of sterilized, disposable needles through the skin into underlying tissues at specific points on the surface of the body
- **Electro-acupuncture:** Using an electric current applied to the needles for stronger stimulation of acupoints
- **Cupping:** a technique to relieve symptoms in which cups made of glass are placed on the skin with a vacuum created by heat
- **Gua Sha:** a rubbing on an area of the body with a blunt, rounded instrument
- **Moxa:** indirect burning on acupoints using a stick or roll of moxa, made from an herb
- **Tuina:** traditional Chinese massage therapy

I recognize the potential risks and benefits of these acupuncture procedures as described below:

- **Potential benefits:** drugless relief of symptoms and improved balance of the body's energy.
- **Potential risks:** discomfort, bruising, infection, blistering at the site of acupuncture procedures, nausea, light headedness, and aggravation of symptoms existing prior to the acupuncture treatment.

Notice to pregnant women: Please alert the doctor if you know or suspect that you are pregnant, since some of the therapies used could present a risk in pregnancy.

APPOINTMENT POLICY

Please give us 24 hours notice by phone only (NO EMAILS) to cancel or reschedule appointments, or you may be charged a \$50 fee. This fee cannot be charged to your insurance policy. For Monday appointments, we ask that you call the Friday before to cancel an appointment.

PAYMENT POLICY

Patients are responsible for services not covered by an insurance policy. Please call your insurance prior to your visit to inquire about benefits for naturopathic medicine and/or acupuncture. You may have a large deductible for these services.

Dr. Kohler may charge for phone consultations, which cannot be billed to your insurance. Patients without medical coverage are expected to pay the day of the visit.

Please sign here to acknowledge you have read and understood all of the above policies:

Patient signature

Date

Patient guardian signature