



Informed Consent and Request for Naturopathic Medicine

I understand that the evaluation, diagnosis and treatment by a naturopathic physician, and specifically by Dr. Sima Aidun N.M.D may include, but is not limited to:

- **Interview** (history taking)
- **Physical examination**
- **Common diagnostic procedures** (such as, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva, Pap Smears)
- **Dietary advice and therapeutic nutrition** (such as the therapeutic use of foods, diet plans, nutritional supplements, intravenous and intramuscular injections)
- **Acupuncture** (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the body surface)
- **Botanical medicines and nutraceuticals** [also referred to as supplements] (such as the prescribing of various therapeutic substances including plant, and mineral. Substances may be given in the forms of pills, creams, powders, tinctures-which may contain alcohol, suppositories, topical creams or other forms.)
- **Over the counter medications & Prescription medications** to be filled at a pharmacy

I understand and I am informed that in the practice of Naturopathic Medicine there are risks and benefits with evaluation, diagnosis and treatment including, but not limited to the following:

- **Potential risks:** pain, discomfort, minor bruising from Acupuncture; allergic reaction to prescribed herbs, supplements, prescription medications; an aggravation of pre-existing symptoms.
- **Potential benefits:** 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.
- **Notice to pregnant women:** all female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.

By signing below, I (print name), _____ acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. 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 have been given to me concerning the results intended from the treatment. I intend that this consent form is to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

Your name

Signature

Date