

**Gig Harbor Naturopathic Medicine, P.S.**  
6659 Kimball Drive Suite C306  
Gig Harbor, WA 98335  
(253) 851-7550

**INFORMED CONSENT FOR TREATMENT**

I, \_\_\_\_\_, hereby authorize Dr. Leslie Charles and Dr. Diana Duncan to perform any or all of the following specific procedures, as they deem necessary, to facilitate my diagnosis and treatment. I understand that each procedure, as well as its risks and benefits, will be discussed with me at the time of treatment.

**Common diagnostic procedures:** consultation in office or by phone; physical examination including Pap smears; venipuncture; laboratory tests including blood work, urine, stool, saliva, hair; and referral for ECG and diagnostic imaging including x-ray, ultrasound, CT and MRI.

**Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation, and intramuscular vitamin injections.

**Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, cremes, plasters, or suppositories.

**Homeopathic medicine:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to gently stimulate the body's healing responses.

**Physical medicine:** electrical stimulation, craniosacral therapy, myofascial release, cold laser therapy, and infrared sauna.

**Lifestyle counseling and hygiene:** promotion of wellness including recommendations for diet, exercise, sleep, stress reduction and balancing of work and social activities.

**Mind/body medicine:** including psychological counseling, homeopathy and other emotionally supportive therapies.

**Contraception:** including prescription oral contraceptive pills and natural fertility awareness.

**Prescription medications:** may include bio-identical hormones, antibiotics or other medications within the scope of practice of naturopathic medicine.

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

**Potential risks:** allergic reactions to prescribed herbs, supplements and medications; side effects of natural or prescription medications; aggravation of pre-existing symptoms; inconvenience of lifestyle changes; bruising or pain from venipuncture, injections or procedures.

**Potential benefits:** restoration of health and the body's maximal functional 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 doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy. Pregnant women must be under the primary care of a midwife or obstetric physician. Supportive treatments in this office may include selected herbs safe for use during pregnancy, vitamins and/or homeopathy as deemed necessary by the doctors.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Gig Harbor Naturopathic Medicine, P.S. or any of their personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Patient Representative or Guardian

\_\_\_\_\_  
Witness