INFORMED CONSENT AND REQUEST FOR NATUROPATHIC TREATMENT.

I as a patient have a right to be informed about my condition and recommended care. This disclosure is to help me become better informed so I may make the decision to give or withhold my consent as whether or not to undergo care having had the opportunity to discuss potential benefits, risks and hazards involved.

I hereby request and voluntarily consent to examination and treatment with naturopathic care, including homeopathic medicines, vitamin/supplements, IV/Ozone/Oxygen therapies, injections, manipulation, detoxification, electrodermal screening, lab testing, nutrition, and etc., for me (or for the patient named below, for whom I am legally responsible) by Arizona Integrative Medical Center P.C. and Paul Stallone, N.M.D., a licensed Naturopathic Medical Doctor, and/or other licensed, Doctors of Naturopathy, or those working or training at the office who now or in the future may treat me while employed by, working, associated, or training with, or serving as a backup for him; hereafter called AIM health care provider. I can request students and preceptors **not** to be included in my evaluation and treatment. I can request further explanation of the procedure or treatment, other alternative procedure or methods of treatment, and information about the material risks of the procedure or treatment.

I understand the U.S. Food and Drug Administration has not evaluated or approved nutritional, herbal and homeopathic supplements; however, they have been widely used in Europe and the U.S.A for years. I understand that, as with drugs, nutritional supplements, herbal and homeopathic remedies may exhibit some side effects in certain sensitive individuals, may interact with certain allopathic medications or lab tests, or show symptoms due to certain pre-existing disease conditions. 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 in recommending the dietary supplements that the doctor feels at the time, based on the facts then known, is in my best interest. I have the opportunity to ask questions and discuss with Paul Stallone, N.M.D., and/or an AIM health care provider to my satisfaction:

- my suspected diagnosis or condition
- the nature, purpose and potential benefit 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 / procedure
- the possible consequences if treatment or advice is not followed and/or nothing is done

I understand that Naturopathic medicine, evaluation and treatment may include, but is not limited to, manual therapy, manipulation of the joints and tissues of the body that may include hand or instrument assisted techniques. This may include high velocity techniques that cause cavitation (popping sound), exercises, stretching and other physical modalities, various modes of physical therapy (ultrasound, diathermy, electrical stimulation, heat, ice, traction, stretching, exercise, etc.), collecting specimens for laboratory evaluation, including blood draws and/or ordering

diagnostic imaging and tests, prescription of certain medications and nutritional supplements, IV therapy, medical ozone treatment /therapy, injections, joint injections, acupuncture, I.V. chelation, sauna, electro-screening acupuncture theories of Voll (EAV/EDS) counseling, dietary therapy, and homeopathy/remedies.

I understand and I am informed that in the practice of naturopathy, specifically the practice of Naturopathic Manipulation Technique (NMT) there are some risks of examination and treatment including, but not limited to: fractures, disc injuries, strokes, dislocations, sprains and increased symptoms and pain or no improvement of symptoms or pain and adverse reactions to remedies.

I understand that the physicians at Arizona Integrative Medical Center, P.C. have been trained in a diverse range of diagnostic and treatment options. As such, they may recommend different tests; may interpret standard tests differently; may propose different treatments or may administer standard treatments differently than most conventional doctors. Along with training, the rationale for these differences is based on clinical experience and ongoing continuing education in evidence based naturopathic and integrative medicine.

By signing this form, I understand that many perspectives exist in medicine and the diagnosis or treatments given to me by the doctors at Arizona Integrative Medical Center, P.C. may differ from those given by other physicians or health practitioners. I understand that other doctors may recommend different tests for the same diagnosis; may interpret the same test differently or may recommend different treatments for the same findings. 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 on the facts then known, is in my best interest. I further acknowledge that no guarantees or assurances have been made to me concerning the results intended from the treatment.

By signing below I acknowledge I have carefully read, or have had read to me, and understand the above consent. I give my permission and consent to care and I am fully aware of what I am signing. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment and I may ask my practitioner for a more detailed explanation.

▶Participation of student/preceptor: [] Accepted [] Declined

>	
Print Patient's Name	
>	/
Signature of Patient	Date Signed
>	
PRINT Guardian's Name	
>	//
Signature of Patient's Gua	rdian Date Signed
	//
Witness: Signature Health care p	provider Date Signed