

Becky Andrews ND, LAc, LMP
Mosaic Natural Health Clinic

CONSENT FOR TREATMENT

GENERAL INFORMATION: Dr. Andrews Incorporates a wide variety of clinical tools in her practice. Most patients will receive a combination of treatment modalities drawing from her varied background in psychology, massage therapy, acupuncture, herbalism and naturopathic medicine. Diagnosis and treatment may include methods from any or all of the following modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, Lifestyle and Nutritional Counseling.

METHODS, PROCEDURES AND THERAPEUTIC APPROACHES: Dr. Andrews may perform any of the following procedures as necessary to give proper diagnosis, determine treatment approaches, treat or otherwise address your health concerns:

- **General Diagnostic Procedures:** including but not limited to: venipuncture, pap smears, radiography, lab analysis of blood, urine and stool, general physical exam, neurological and musculoskeletal assessments.
- **Counseling:** Compassionate and reflective listening, coaching in healthy lifestyle changes, nutrition, exercise, etc.
- **Acupuncture:** insertion of special, sterile, single use needles at specific points on the body.
- **Topical Treatments and Prepping:** includes cupping (application of suction to specific areas defined by acupuncture theory), prepping skin for puncture with alcohol, iodine or other antiseptic agents.
- **Herbs and Natural Medicines:** prescription of vitamins, minerals, and dietary supplements to achieve therapeutic goals; prescription and / or application of herbs in capsules, powders, teas, tinctures, plasters, pastes, suppositories, creams, salves, etc.; as well as highly dilute homeopathic remedies, intramuscular vitamin injections.
- **Soft Tissue and Osseous Manipulation:** use of massage, neuro-muscular techniques, muscle energy stretching, visceral manipulation, osseous manipulation of the spine and extremities, prescription and fitting for orthotics.
- **Electromagnetic and Thermal Therapies:** includes the use of ultrasound, low and high volt electrical muscle stimulation, micro current, infrared heat, moxibustion, and hydrotherapy.
- **Minor Office Procedures:** laceration care, cerumen removal
- **Contraception:** counseling and prescription
- **Pharmaceutical prescriptions:** of herbs, nutrients, hormones and antimicrobials when necessary

POTENTIAL RISKS: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms.

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, since some of the therapies used could present a risk to the pregnancy. We do not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Andrews or the Evergreen Center for Natural Medicine, regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient (PRINTED)

Patient Signature

Date

Witness

Date