

Informed Consent to Naturopathic Medical and Acupuncture Treatment

I, (print name) _____,
request care from Dr. Alice Holman, a Washington State licensed Naturopathic Physician and licensed Acupuncturist. I have sought health care of my own free will and hereby authorize the performance of diagnostic procedures and treatments, including the insertion of acupuncture needles, described to me by Dr. Holman.

Naturopathic Medicine utilizes natural therapies as mainstays for restoring one's health and natural balance. These include the use of vitamins, minerals, enzymes, amino acids, fatty acids, natural hormones, concentrated food preparations, botanicals, homeopathic medications, hydrotherapy, therapeutic exercise, dietary modifications, counseling, and other techniques which support the natural processes of the human body.

Acupuncture is a technique where needles are inserted into the body to stimulate the healing of many conditions. Sometimes a non-insertion technique is used. When certain points on the body are stimulated, hormones are released from the body, which produces acupuncture's results. In Chinese medicine, it is said that the Qi is the energy that is stimulated with Acupuncture and its related techniques.

I understand that if I have been diagnosed by an oncologist as having any form of cancer, that by Washington State law, I am required to also be under the care of a Medical Doctor. If I have cancer, I am here for adjunctive and supportive therapies only, including nutritional guidance.

With this knowledge, I voluntarily consent to treatment by Dr. Holman and her staff, realizing that, as is the case with any medical treatment, no guarantees can or have been given to me by the doctor or staff regarding any cure for my condition. I have been informed of potential risks or side effects involved in any of the diagnostic or treatment procedures. I have read and understand all of the above.

Signature of Patient or Person Authorized to Consent for Patient

Date