

## Consent for Treatment

Vitalis Naturopathic Centre, INC.

Dr. Celeste Saenz, ND

**General Information:** Celeste Saenz, Naturopathic Physician integrates a number of medical treatment modalities. Due to the diversity of modalities offered, your treatment may include any or all of the following general modalities: Naturopathic Medicine, Physical Medicine, Homeopathy, Flower Essence, Psychological Counseling and Nutritional Counseling.

**Methods, Procedures and Therapeutic Approaches:** Dr. Saenz may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

**General Diagnostic Procedures** (including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments)

**Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**

**Topical Treatments and Prepping** (includes cupping --a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha--rubbing on an area of the body with a blunt, round instrument)

**Herbs/Natural Medicines** (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, pastes, plasters washes; suppositories or other forms. Homeopathic and Flower essence remedies, often highly dilute quantities of naturally occurring substance, may also be used.)

**Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.)

**Soft Tissue and Osseous Manipulation** (use of massage, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy)

**Electromagnetic and Thermal Therapies** (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)

**Injection Therapy** (mesotherapy; superficial pain relief technique, neural therapy; scar release technique, trigger point therapy; muscle pain relief)

**Potential Risks:** I understand that there are certain unavoidable risks, potential side effects, and /or complications of these treatments including but not limited to pain (including increased pain), discomfort, swelling, blistering, itching, stinging, bleeding, bruising, infection, scar formation/enlargement, change in skin pigmentation/dyscoloration, 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; pneumothorax (air on the outside of the lung, numbness, paralysis, nerve injury, dizziness, fainting, temporary or permanent alteration in sensation, debilitating injuries or death, aggravation of pre-existing symptoms and possible need for further treatment.

**Potential benefits:** Restoration of health and the body's maximal functional capacity, increase vitality and healing 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. Dr. Saenz does not use labor-stimulating acupuncture/ acupressure 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 Saenz or any of his personnel regarding cure or improvement of my condition. I acknowledge the treatments may consist of experimental procedures. I understand that the safety record of the Treatments is based only on empirical and anecdotal evidence, which only shows that the treatments appear to be relatively safe. I acknowledge that no guarantees or promises have been made as to the outcome, safety or efficacy of the Treatments. 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.

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date