

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 pleomorphic 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 fully evaluated or approved nutritional, herbal and homeopathic supplements, compounded I.V.'s/injections, ozone therapies, electrodermal screenings, bio-identical hormones replacement therapies; however, they have been widely used in Europe and the U.S.A for years. I understand that, as with drugs, hormones, nutritional supplements, herbal and homeopathic remedies, ozone/nutritional I.V. therapies and injections 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: collecting specimens for laboratory evaluation, and/or ordering diagnostic imaging, prescription of certain medications and nutritional supplements, IV therapy, medical ozone treatment/therapy, bio-identical hormone replacement therapy, injections, electro acupuncture theories of Voll (EAV/EDS) counseling, dietary therapies, and homeopathics or remedies. I understand that manual therapy including

manipulation of the joints and tissues of the body, that may include hand or instrument assisted techniques may cause cavitation (popping sound). Additional manual therapies may include: exercise, stretching and other physical modalities, various modes of physical therapy (ultrasound, diathermy, electrical stimulation, heat, ice, and traction.

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, increased symptoms or pain, 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 and staff 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 (or Guardian)

_____/_____/_____
Date Signed

► Paul Stallone, N.M.D.
Print Physician's Name