

Absolute Wellness Clinic
465 Rainier Blvd. N. Suite A
Issaquah, WA 98027
Phone: 425-392-5321 Fax: 425-837-3785

CONSENT FOR TREATMENT

General Information: Absolute Wellness Clinic, PS, (AWC) is a naturopathic medical clinic that integrates a number of medical treatment modalities. Due to the diversity of modalities offered at AWC, your treatment may include any or all of the following general modalities: Naturopathic Medicine, Allopathic Medicine, Physical Medicine, Therapeutic Exercise, Homeopathy, Psychological Counseling and Nutritional Counseling.

Methods, Procedures and Therapeutic Approaches: Clinicians may perform any of the procedures described below in order to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

General Diagnostic Procedures (Includes, but is not limited to, venipuncture, pap smears, radiography, and blood and urine labwork, general physical exams, neurological and musculoskeletal assessments.)

Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions

Herbs/Natural Medicines (Includes the 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 creams, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may be used.)

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

Soft Tissue and Osseous Manipulation (Includes the 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.)

Pharmaceutical Medication: Your physician may, at times, prescribe prescription medication for your care, which can not include scheduled drugs, with the exception of testosterone and codeine.

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 or Breastfeeding 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 or to the baby during breastfeeding.

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 AWC or any of its personnel 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.

Guardian/Personal Representative's Name (PRINT)

Patient's Name (PRINT)

Guardian/Personal Representative's Signature

Patient's Signature

Relationship/Representative's Authority

Date