

Madeleine Morrison N.D.

CONSENT FOR TREATMENT

General Information: Due to the diversity of modalities offered by Madeleine Morrison N.D., your treatment may include any or all of the following general modalities: Naturopathic Medicine, Physical Medicine, Homeopathy, Psychological Counseling, Nutritional Counseling, Massage Therapy, and Reflexology. Madeleine Morrison N.D. maintains malpractice coverage. This information is available upon request.

Methods, Procedures and Therapeutic Approaches: Clinicians may preform 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

Dermal-friction Technique: Friction is applied topically to the skin using a smooth object to relieve symptoms.

Dietary Advice: Suggestions for nutrition and herbal food products.

Linaments, Oils, Plasters: Herbal formulas applied topically to the skin.

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 crèmes, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly diluted 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 Manipulation: (use of massage, reflexology, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and cranio-sacral therapy)

Electromagnetic and Thermal Therapies: (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, diathermy, and infrared and ultraviolet therapies.)

Potential Risks: These include, but are not limited to: pain, discomfort, blistering, bruising, discolorations, infection, burns, dizziness, loss of consciousness or deep tissue injury from 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.

*Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment.

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 it's 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 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 Madeleine Morrison N.D., or any of it's personnel regarding sure or improvement of my condition. I understand that it is my responsibility to inform the health care provider of all medications and medical history. I hereby release Madeleine Morrison N.D. from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to preform the procedures with appropriate medical care. 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/Gaurdian/Personal Representative's Name Signature

Patient/Gaurdian/Personal Representative's Name (PRINT)

Date