



Consent to Treatment Contract

After reading this form you will be asked to sign a contract with us referred to as the Consent to Treat Contract. Please read and fully understand what you are agreeing to. We welcome all questions and gladly answer to all concerns that you may have regarding your diagnosis and treatment.

Some of the complementary and alternative modalities used at East-West Integrated Healthcare are:

- Dietary and nutritional counseling
- Nutritional supplements such as: vitamins, minerals, enzymes, amino acids, essential fatty acids, homeopathic remedies, homotoxicological preparations
- Therapies such as hydrotherapy, physical medicine (manipulation), cupping, acupuncture, trigger point injection, neural therapy, nutritional IV therapy, lipo dissolve therapy and chelation therapy.

I am seeking medical health care services, including alternative medical therapies at East-West Integrated Healthcare. I hereby request and consent to the performance of physical medicine (including various modes of physical therapy and diagnostic testing/examination) or to the performance of acupuncture (including needle puncture, point injection, cupping and infrared therapy) or to the performance of naturopathic procedures (including examination, diagnostic testing and the use of natural substances such as vitamins, minerals, botanical medicines and prescription drugs) on me (or on the patient named, for whom I am legally responsible) by the doctors of naturopathic medicine.

I understand and am informed that results from treatments may vary and are not guaranteed. In addition, I understand that my compliance with diet recommendations, supplements, prescribed medications, prescribed exercises and lifestyle modification will increase the effectiveness of my care and enhance or maintain the results.

I understand a referral to another physician or specialist may be necessary due to the nature of my condition and limitations in the scope of practice of Naturopathic Medicine.

I am aware that Naturopathic Physicians are considered primary care providers in the state of Arizona. **I acknowledge that the scope of practice of a Naturopathic physician has limitations including limited prescription privileges and lack of hospital privileges.** Consequently a referral to a specialist or emergency room may be deemed necessary under certain circumstances and in my best interest.

I understand that some techniques such as lipo dissolve injections, neuromuscular reeducation or myofascial release may involve working on areas located near the breasts, buttock and groin. The doctor will exercise care in keeping sensitive areas draped during such procedures and if at any time either before or during the treatment **if I am uncomfortable with work in sensitive areas, I will verbally inform the doctor and a written note will be documented in my chart and signed by myself, the doctor and a witness.**

I understand **that this medical practice uses diagnostic and treatment methods that are known as investigational, complementary, alternative, holistic, nutritional, and herbal oriented.** Some of these methods have not been accepted by consensus mainstream medicine or the FDA.

I understand that **I am in no way obligated to purchase the products or any investigational lab recommended** by staff or physicians at East-West Integrated Healthcare. I am free to purchase these products from any source that I may choose.

I understand and am informed that, as in the practice of medicine, in the practice of spinal manipulative care,



naturopathic medicine and acupuncture there are some risks.

Some of the potential side effects to treatments are but are not limited to:

- Bruising/Local Tenderness (with venipuncture, acupuncture, cupping and manipulation)
- Allergy (with drugs, supplements, anesthesia, nutritional IVs and chelation)
- Drug Side-effects (with drug, supplements, herb-drug interactions)
- Fainting (with supplements, acupuncture, nutritional IVs and chelation)
- Infection (with acupuncture, minor surgeries and venipuncture)
- Burns (with cryosurgery and hydrotherapy)
- Scars (with cryosurgery, acupuncture, moxabustion, venipuncture, and minor surgery)
- Fractures, Dislocation, Sprains, Disk Injuries (with manipulation)
- Strokes (with manipulation)
- Organ Puncture (with acupuncture)

I understand the potential risks of alternative complementary treatments offered at East-West Integrated Healthcare.

I do not expect the doctor to be able to anticipate and explain all the risks and complications, and I wish to rely on the doctor to be able to exercise judgment during the course of the procedure based upon the facts known at that time.

I understand that Dr. Gentry Calvo, Dr Underwood or other office or clinic personnel are available to discuss the nature and purpose of spinal manipulative care, naturopathic medical care, acupuncture and other procedures if I need a better understanding of my treatment options. I will have an opportunity to discuss any concerns that I have in a free 15 minute consultation or during my initial office visit.

A copy of this form is available for me to read at any time on the East- West Integrated Healthcare website (www.eastwestihc.com) or in the office. If I request, a copy of the form will be printed in the office for me to take home for my personal records.