

## **Informed Consent and Request for Naturopathic Medical Care**

As a patient, I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care with Dr. Sabah Targhi, having had the opportunity to discuss the potential benefits, risks and hazards involved.

I \_\_\_\_\_, hereby request and consent to examination and treatment with Naturopathic Medicine with Dr. Sabah Targhi and/or other licensed doctors of naturopathic medicine serving as backup for her, hereafter called allied health care provider.

I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Sabah Targhi, and/ or with the allied health care provider providing backup:

- (1) My suspected diagnosis (es) or condition(s)
- (2) The nature, purpose, goals and potential benefits of the proposed care
- (3) The inherent risks, complications, potential hazards or side effects of treatment or procedure
- (4) The probability or likelihood of success
- (5) Reasonable available alternatives to the proposed treatment procedure
- (6) Potential consequences if treatment or advice is not followed and/ or nothing is done
- (7) I understand that a Naturopathic evaluation and treatment may include, but are not limited to: Physical exam (including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments). Common diagnostic procedures (including venipuncture, pap smears, diagnostic imaging, laboratory. Evaluation of blood, urine, stool and saliva). Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements and intra- muscular vitamin injections). Botanical/ herbal medicines, prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures which may contain alcohol, suppositories, tropical creams, pastes, plasters, washes or other forms. Homeopathic remedies (highly diluted quantities of naturally occurring substances). Hydrotherapy (use of hot and cold water, may include transcutaneous electrode stimulation). Counseling (including but not limited to visualization for improved lifestyle strategies). Over the counter and prescription medications (including only those medications on the Formulary of Washington Naturopathic Physicians)

Notice to **pregnant women**: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy.

**Notice to individuals with bleeding disorders, pace maker, and/ or cancer.** For your safety, it is vital to alert Dr. Sabah Targhi, of these conditions.

*Please understand the following:*

- I understand that Dr. Sabah Targhi is not licensed to prescribe any controlled substances.
- I understand that Dr. Sabah Targhi, will only prescribe medications if she believes that they are in the best interest of myself, the patient. Appropriate referrals will be provided to manage my prescriptive medication needs.
- I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however, these have been used widely in Europe, China and the USA for years.
- I understand that Dr. Sabah Targhi is not a psychologist or psychiatrist. Counseling services are provided for the support of improved lifestyle strategies.
- I do not expect Dr. Sabah Targhi, and/or any allied health care provider to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request Dr. Sabah Targhi explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below, I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand all of the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment

Patient Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian (Printed): \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_