NCNM
ncnmhouse.com

NCNM
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# CONSENT FOR TREATMENT

I hereby authorize NCNM and its doctors to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

**General Diagnostic Procedures** (including but not limited to venipuncture, pap smears, radiography, blood and urine laboratory analysis, general physical exams, neurological and musculoskeletal assessments)

**Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**

**Herbs/Natural Medicines** includes the prescribing of various therapeutic substance including plant, mineral and animal materials. Substances may be given in the form of teas, pills, powders, tinctures (may contain alcohol); topical creams, pastes, plasters, washes; suppositories and/or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.

**Dietary Advice and Therapeutic Nutrition** includes the use of foods, diet plans or nutritional supplements for treatment—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, high-velocity low-amplitude adjustments, functional indirect manipulation, and craniosacral therapy.

**Electromagnetic and Thermal Therapies** includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, and microcurrent stimulation.

***Potential Risks:*** Pain, discomfort, blistering, discolorations, bruising, swelling, 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 Women or Breastfeeding:*** All female patients must alert the doctor if they know or suspect that they are or may be pregnant, since some of the therapies used could present a risk to the pregnancy or 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 NCNM or its doctors. 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 me or my representative or otherwise permitted or required by law. I understand that I have the right to review my record and obtain a copy of my own records upon request and that obtaining copies may require payment of a records fee.

I am not an agent of any private, local, county, provincial, or federal agency attempting to gather information without stating. I accept full responsibility for any fees incurred during care and treatment.

_____ _____

Patient/Guardian/Personal Representative's Signature Date

_____

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

_____

Relationship/Representative's Authority