



SAGES' HEALING CENTER

KATHRYN M. SAGE, N.D.

Informed Consent for Naturopathic Medical Therapies

I, _____, do voluntarily, knowingly and willingly give my consent to treatment by Naturopathic Medical Care by Kathryn M. Sage, N.D. Naturopathic Medicine is the treatment and prevention of diseases using natural means whenever possible. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, hydrotherapy, physical medicine and lifestyle counseling are the mainstays of naturopathic medicine. Pharmaceutical medicines may be employed if absolutely necessary.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Botanical medicine is a plant-based medicine using herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

Homeopathy is a form of medicine that uses minute doses of plant, animal or mineral origins to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

As Naturopathic medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Dr. Kathryn Sage will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Dr. Kathryn Sage will take a thorough case history, do pertinent physical examinations, and may take blood and urine samples. If your case requires, the physical may include more specific examinations.

Even the gentlest therapies may have complications in certain physiological conditions such as pregnancy and lactation, in very young children, or those with multiple medications. Some therapies should be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from, and if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding, please advise your Naturopathic Doctor immediately.

There are some slight health risks to treatment by Naturopathic Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from venipuncture
- Risks and Side Effects associated with pharmaceutical medicines

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 myself unless law requires it. If required, I understand that my Naturopathic Doctor may discuss my case with other healthcare providers. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate photocopying fee.

I understand that the Naturopathic Doctor will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. I will rely on the Naturopathic Doctor to exercise judgment during the course of the procedure which they feel at that time is in my best interests, based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list exceptions below):

I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

[Date]

[Signature of Patient/Guardian]

[Printed Name]