

Consent to Treatment

General Information: Practitioners at Roots for Health PLLC (RFH) integrate a number of medical treatment modalities. Due to the diversity of modalities offered, your treatment may include any or all of the following general modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, Injection therapy, Psychological Counseling, and Nutritional Counseling.

Methods, Procedures and Therapeutic Approaches: Practitioners at RFH may perform 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 labwork, general physical exams, neurological and musculoskeletal assessments); **Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions; Acupuncture** (insertion of special sterilized needles at specific points on the body); **Topical Treatments and Prepping** (includes cupping --a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha--rubbing on an area of the body with a blunt, round instrument); **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 creams, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute 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 and Osseous Manipulation** (use of massage, neuromuscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy); **Electromagnetic and Thermal Therapies** (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.); **IV and Injection therapy** (such as Neural therapy, Perineural therapy, Trigger point injection, regenerative techniques with dextrose, lidocaine, or PRP. Injectables are dextrose, lidocaine, homeopathic remedies, and PRP.)

Potential Risks: Pain, discomfort, blistering, discolorations, 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. Injection risks are immediate pain at the injection site, allergic reaction from the injection, injury to the nerve and/or muscle, spinal cord injury during back injections, temporary or permanent nerve paralysis, there may be no effect from the treatment, pneumothorax when injecting near the lungs, death from complications of the treatment, itching the injection sites, nausea and/ or vomiting, dizziness or fainting, headache during back injections, swelling after joint injections, bleeding, temporary blood sugar increase, increase pain, stiffness in the injected joint.

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: 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. Practitioners at RFH do not use labor-stimulating acupuncture points or 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 Practitioners at RFH or any of his/her/their personnel regarding cure or improvement of my condition. 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. Also your record, imaging, video may be utilized in confidential way for educational purpose only.

Patient’s Name [PRINT]

Guardian/Personal Representative’s Name [PRINT]

Patient’s Signature

Guardian/Personal Representative’s Signature

Date

Relationship/Representative’s Authority