



Informed Consent for Naturopathic and Classical Chinese Medical Care

I request and consent to examination and treatment with Naturopathic or Classical Chinese Medicine by Raina M. Lasse, ND and/or Susan D. Saccomanno, ND, LAc.

I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Lasse and Dr. Saccomanno, including but not limited to questions regarding:

- 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 a treatment or procedure.
- 4) the probability or likelihood of success
- 5) reasonable available alternatives to the proposed treatment or procedure
- 6) potential consequences if treatment or advice is not followed

Naturopathic evaluation and treatment may include but is not limited to:

- Physical exam (including general exam, musculoskeletal, EENT, heart and lung, orthopedic, and neurological assessments)
- Massage
- Dietary advice and therapeutic nutrition (the use of foods, diet plans, nutritional supplements)
- Botanical/ herbal medicines
- Homeopathic remedies (highly dilute quantities of naturally occurring substances)
- Hydrotherapy (the use of hot and cold water)
- Over-the-counter and prescription medications (including only those medications on the Formulary of Oregon Naturopathic Physicians)

Classical Chinese Medicine includes acupuncture (possibly in conjunction with small electrical currents), cupping (used to treat symptoms of pain and chest congestion in which glass cups are placed on the skin with a vacuum created by heat), dietary advice based on Chinese medical theory, and herbal medicine (herbal formulas in the form of teas, powders, tinctures, pastes, and plasters which may be prescribed to be taken internally or applied externally. Some formulas may contain, shell, minerals, or animal minerals).

Potential benefits include the restoration of the body's highest functional capacity, pain relief, assistance with injury and disease recovery, and prevention of disease or its progression.

I have read and understood this consent-to-treatment form:

Signature of Patient or Responsible Party _____ Date _____