



Diana R. Crumrine, NMD
1416 W. Washington St.
Boise, ID 83702
www.myfoothillsfamilymed.com

Consent for Treatment

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 Diana Crumrine, NMD 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 by Diana Crumrine, NMD and/or other licensed naturopathic physicians serving as backup for her, hereafter called *allied health care provider*. I can request that students and preceptors not be included in my evaluation and treatment.

I understand that I have the right to ask questions and discuss to my satisfaction with Diana Crumrine, NMD 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

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 pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva)
- Soft tissue manipulations (including therapeutic massage, deep tissue massage, muscle energy technique, trigger point therapy and cranio-sacral therapy)
- Dietary advice and therapeutic nutrition (including use of foods, diet plans and nutritional supplements)
- Botanical/herbal medicines (prescribing of various therapeutic substances including plant, mineral and animal materials). Substances may be given in the form of teas, pills, topical creams, powders, tinctures which may contain alcohol, suppositories, 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)

Potential risks: Pain, discomfort, blistering, minor bruising, discoloration, infection, burns, itching and loss of consciousness from topical procedures, heat or frictional therapies, hydrotherapies; allergic reaction to prescribed herbs, supplements; aggravation of pre-existing symptoms.



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Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery and prevention of disease or its progression.

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. Labor stimulating techniques or any labor inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pace makers and/or cancer. For your safety it is vital to alert your provider, Diana Crumrine, NMD of these conditions.

Please Initial:

_____ I understand that Diana Crumrine, NMD is not licensed to prescribe any controlled substances except for testosterone.

_____ I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however they have been used widely in Europe, China and the US for years.

_____ I understand that Diana Crumrine, NMD is not a psychologist or psychiatrist. Counseling services are provided for the support of improved lifestyle strategies.

I do not expect Diana Crumrine, NMD 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 that Dr. Crumrine explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services has 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.

Printed Name of Patient

Signature of Patient

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Provider

Signature of Provider

Date