



## Consent Form

*To the patient:*

Naturopathic medicine is considered a safe and effective method of treatment. Any treatment intended to help may have complications. You have the right, as a patient, to be informed about your condition and any potential complications involved in treatment. If you do not adequately understand the treatment for your condition(s) after it has been explained to you, it is your responsibility to ask for more information.

By signing below, I hereby request that Mary Fry, N.D., treat my condition(s). To facilitate the best possible care requires that my pertinent health information be disclosed. Adverse reactions to treatment can be minimized when the doctor is kept informed about all medications being used, including prescription medications, over-the-counter medications and supplements as well as any changes in symptoms and diagnoses made by other providers. In the event that a reaction to treatment is experienced, it is important for me to contact the doctor immediately.

In order to optimize your care, Dr. Fry may consult in a confidential manner with other licensed health care professionals. By initialing below you are authorizing Dr. Fry to discuss your case with consulting professionals.

*Please initial* \_\_\_\_\_

***For women:*** I understand that if I am pregnant, or if there is any reason to suspect that I am pregnant, that I will inform my doctor before they provide me with naturopathic care.

*Please initial* \_\_\_\_\_

***For women:*** I understand that naturopathic medicine involves rebalancing my health and thus may intermittently affect my sex hormone levels. While undergoing treatment, I agree to adjust my contraceptive practices accordingly.

*Please initial* \_\_\_\_\_

I have read and understand the above statements. I also understand that there is no guarantee of a specific cure or result.

Patient/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_