



Corina B. Going, ND, PLLC

Naturopathic Physician ♦ Classical Homeopath

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Informed Consent and Request for Treatment

I, _____, hereby authorize Dr. Corina Going, ND to perform any or all of the following specific procedures, as deemed necessary, to facilitate my diagnosis and treatment. I understand that each procedure, as well as its risks and benefits, will be discussed with me at the time of treatment. I understand that Dr. Going is a licensed Naturopathic Physician who will conduct a thorough case history with me before initiating any treatment protocols. Naturopathic physicians are recognized as primary care physicians in the state of Washington with the ability to diagnose and treat disease conditions. Naturopathic physicians utilize principles and practices that treat the whole person and assist in the body's own ability to heal.

The nature and character of the proposed treatment. I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Corina Going:

- 1) my suspected diagnosis or condition
- 2) the nature, purpose, and anticipated results of the proposed treatment
- 3) the potential risks, complications, hazards, or side effects of treatments or procedures
- 4) the probability or likelihood of success
- 5) reasonable available alternatives to the proposed treatment or procedure
- 6) the possible consequences if treatment or advice is not followed and/or nothing is done

I understand that Naturopathic evaluation and treatment may include, but is not limited to:

- Consultation and physical exam in office (or consultation via Telemedicine).
- **Common diagnostic procedures:** venipuncture, Pap smears, laboratory evaluation of blood, urine, stool, and saliva, and referral for ECG and diagnostic imaging including X-ray, ultrasound, CT, and MRI.
- **Homeopathic remedies:** the use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.
- **Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, glycerites, capsules, tablets, cremes, plasters, or suppositories.
- **Lifestyle counseling and hygiene:** promotion of wellness including recommendations for diet, exercise, sleep, stress reduction, and balancing of work and social activities.
- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation, intramuscular vitamin injections.
- **Prescription medications:** may include bio-identical hormones, antibiotics, or other medications within the scope of practice of naturopathic medicine.

I will inform my doctor of all dietary supplements, non-prescription medications and prescription medications that I am taking, as well as updating her with any changes to this list.

I understand, and I am informed that in the practice of Naturopathic Medicine there are some risks and benefits with evaluation and treatment and it is my responsibility to inform my doctor in a timely manner of any side effects or adverse effects that I may be experiencing.

Potential Risks of Treatment: allergic reaction to prescribed herbs, supplements, prescription medications; side effects of natural or prescription medications, bruising or pain from venipuncture or injections, aggravation of pre-existing symptoms.

Potential benefits of treatment: restoration of the body's functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Possible alternatives to treatment: I understand that I can seek care from other providers or seek no treatment from any provider.

Notice to pregnant women: All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy. Pregnant women must be under the primary care of a midwife or obstetric physician. Supportive treatments in this office may include selected herbs, homeopathic remedies, and/or vitamins safe for use during pregnancy as deemed necessary by the doctor.

Notice to individuals with bleeding disorders, pacemakers, and cancer: For your safety, it is important to alert the provider of these conditions.

Notice about medications

- I understand that as a Naturopathic Physician, Dr. Going has a broad scope of prescriptive medicines available to her as a physician. I also understand that she often chooses not to prescribe medications with her prescriptive rights in order to focus and practice on lower therapeutic order healing therapies. If I should need medication for any reason, I should seek it from her or another appropriate medical provider. I understand that if I do not seek medication as referred, I am doing so at my own risk.

I acknowledge that if I have any questions or concerns about my evaluation and treatment protocol, I will address them with Dr. Going in a timely manner. My consent to treatment is voluntary and informed.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Corina Going, ND or any of her personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. 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 with Dr. Going.

Checking this box serves as my signature and indicates agreement with the above policies.

Print patient's name:

_____ Date: _____

Print guardian's name for the patient under 13 years old:

_____ Date: _____