**NorthStar**

**Natural Medicine LLC**

at the Shoreline Center for Wholistic Health ♦ 35 Boston Street, Guilford, CT 06437

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**Consent to Treatment**

This is to acknowledge that I have been informed and understand that:

1. I voluntarily consent to outpatient care at NorthStar Natural Medicine, encompassing routine diagnostic procedures, examination and medical treatment including, but not limited to, routine laboratory work (such as blood, urine and other studies), administration of medications prescribed by the doctor, and Acupuncture including moxibustion, cupping, Tuina, and Herbal therapies.
2. Any treatment or advice provided to me as a patient of NorthStar Natural Medicine is not mutually exclusive from any other treatment or advice that I may be receiving now or in the future, from another healthcare provider. I am at liberty to seek or continue medical care from a physician, surgeon, or other healthcare provider.
3. No physician, healthcare provider, or staff member of NorthStar Natural Medicine is recommending that I refrain from seeking or following the advice of another licensed healthcare provider.
4. I understand that not ALL of the treatment suggestions provided are accepted by the United States FDA and therefore should not be taken as such.
5. Naturopathic, homeopathic, or Chinese medical therapies provided by this clinic may be different from those usually offered by another licensed healthcare provider.
6. Naturopathic, homeopathic, or Chinese medical treatments can lead to a temporary aggravation of symptoms which are considered part of a healing reaction. On rare occasions, aggravations do not disappear quickly and may indicate a problem with the medicine. Should I experience any symptoms which I associate with natural medicines prescribed, I understand that I should call my healthcare provider.
7. Acupuncture is performed by the insertion of needles through the skin, and/or by the application of heat (moxabustion) to the skin at certain points on or near the surface of the body in an attempt to treat pain, disease, or other dysfunctions. Adverse side effects may result. These could include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to acupuncture treatment. If I experience any problems or unusual sensations, I understand that I should call my acupuncturist and report symptoms as soon as possible.
8. I understand that this consent form will be valid and remain in effect as long as I receive medical care at NorthStar Natural Medicine.
9. This form has been explained to me and I fully understand this Consent-To-Treatment and agree to its contents.

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Patient Name Signature of patient or legal guardian Date