

A Naturopathic Medical Practice

Informed Consent for Treatment

I, _____, hereby authorize Dr. Karen Tyson/Passiflora Holistic Health to perform the following as necessary to facilitate my diagnosis and treatment. At this practice, we partner with you to help your body to heal, using these tools:

Physical Examination is an important part of diagnostics. This may include but not limited to any of the following: Skin and Dermatology; Head, Ear, Eyes, Nose, Sinuses and Throat; Face and Neck; Lungs and Pulmonary; Chest and Cardiovascular; Abdominal; Hands, Arms and Lower Limbs; Reflexes; Motor Skills; Back and Spine; Cranial Nerves; Male Genitalia; Prostate and Rectal Exams; Female Genitalia; Breast Exams; Mini Mental Status Exams; Nutritional Exams. These will not be conducted in Telemedicine visits.

Medical Use of Nutrition: Nutritional Plans; Nutritional supplements

Botanical Medicine: Botanical substances derived from only high-quality and/or organic substances from reputable companies and may include teas: tinctures; capsules; powders; tablets; creams; ointments or suppositories.

Homeopathic Medicine: The use of highly dilute quantities of naturally occurring plants and minerals to stimulate the body's natural healing process.

Ayurvedic Medicine: Ayurvedic herbal medicine; seasonal detoxes; lifestyle and nutritional practices.

Lifestyle Counseling: Promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

Hydrotherapy: hot and cold therapies; constitutional hydrotherapy; and IR sauna

Psychological Counseling

Referral for Diagnostic Procedures: such as blood draws, radiology, genetic testing or other functional medicine testing

The following are the potential benefits and the associated risks:

Benefits: Restoration of the health and the body's maximum functional capacity while minimizing the use of drugs or invasive surgery, relief of pain and symptoms of disease; assistance in injury and disease recovery, and prevention of disease or its progression.

Risks: allergic reactions to prescribed herbs and supplements; side effects of natural medications.

Notice to Pregnant Women: all female patients must inform the doctor if they know, suspect or may be pregnant as some of the therapies used could present a risk to the pregnancy or fetus.

With this knowledge, I voluntarily consent to the above, realizing that no guarantees have been given to me by Dr. Karen Tyson/Passiflora Holistic Health 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 hereby give my consent to receive text and/or voice reminders for appointments and other information pertaining to the clinic operation.

Dr. Karen Tyson, ND

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I understand that a record will be kept of health services provided to me. **This record will be kept confidential and will not be released to others unless directed by me or my representative.** I understand that I may look at my medical record at any time and request a copy of it. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I am aware that I am an active participant in my treatment plan and that I will ask the doctor to explain when there is a treatment, I am unfamiliar with, or I do not understand.

Signature (of patient or legal guardian for those under 18 Years old):

_____ Date: _____



Dr. Karen Tyson, ND