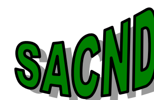

YOUR RIGHT TO MEDICAL PRIVACY Initials:___________ Date:_______

The privacy of your medical information is important to us. We understand that your medical records are personal, and we are committed to protecting them. Be confident that, while we create a record of the services you receive at our office in order to provide you with quality care, we are required by law to protect the privacy of your medical information.

INFORMED CONSENT

The purpose of this form is to present benefits and risks of the therapies offered in the Center. Please initial before treatment is rendered. Ask Dr. Dennis Godby about any questions or concerns at any time.

Naturopathic Medicine Initials:____________ Date:_______

Naturopathy combines safe and effective traditional therapies with the most current advances in modern medicine by attempting to find the underlying cause rather that focusing on symptomatic treatment. Dr. Godby treats a variety of conditions including hormone imbalance, diabetes, stress, pain, organ dysfunction, weight loss, infections, and many more. There is risk of pharmaceutical/supplement interaction, so inform Dr. Godby of current medications. He may suggest hydrotherapy, which encourages circulation, enhanced immune function and relaxation. Side effects are minimal, but may include, dizziness, fatigue, detoxification reactions and irritated skin.

Supplements, Herbals, Homeopathic Initials:___________ Date:_______

There are products that can aid in healing by nutritional, energetic, and mechanical support. They can be effective for many conditions. Be sure to inform Dr. Godby about all medications you currently take to minimize drug/supplement interactions. Some side effects may be gas, bloating, and less commonly allergic reaction.

Referrals Initials:___________ Date:_______

Further lab work (X-rays, MRI, Blood work, Urine analysis, etc.) may be necessary. When co-management or referral is indicated, a prompt referral to another specialist for evaluation or alternative therapy will be suggested. The following are examples: medical management, physical therapy, vestibular testing, psychological evaluation, injection therapy, surgery, naturopathic, chiropractic, acupuncture, massage, etc.

Please inform Dr. Godby of any changes such as pregnancy, symptoms, medications and diagnoses by other doctors as soon as possible.

- I have had the opportunity to read this form and my questions are answered to my satisfaction. I hereby consent to the treatments initialed above

Patient Name (Please print): ____

_______________________________ _________________

Signature (Patient or Guardian if minor) Date

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