



Dr. Kevin Passero, N.D. 443-433-5540 ♦ 1330 New Hampshire NW Suite B4 Washington DC 20036

**NATUROPATHIC MEDICINE
INFORMED CONSENT**

I, _____, hereby authorize Kevin Passero, N.D. to perform the following specific procedures as necessary to facilitate my consultation and recommendations:

Physical exam: e.g., general, musculoskeletal, cardiovascular, abdominal, respiratory.

Prescription Medication- Occasionally Naturopathic Physicians utilize the use of prescription pharmaceuticals to facilitate a healing process or to promote a balanced state in the body.

Medicinal use of nutrition: therapeutic nutrition, nutritional supplementation.

Botanical medicine: botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, creams, plasters, solid extracts, or suppositories.

Homeopathic medicine: the use of highly dilute quantities of naturally occurring plant, animal, and mineral substances to gently stimulate the body's healing responses.

Lifestyle counseling and hygiene: diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

Psychological Counseling

Cranial Sacral Therapy

Hydrotherapy

Naturopathic manipulation of the spine and extremities

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: allergic reactions to prescribed herbs, prescription medications and supplements, side effects of natural medications or prescription medication, and inconvenience of lifestyle changes, injury from procedures.

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

Notice to Pregnant Women: All female patients must alert Dr. Passero if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

Notice of Degree and License: Kevin Passero, N.D. holds a degree of Doctor of Naturopathic Medicine (ND.) and is a licensed, board-certified Naturopathic Physician in the State of Oregon and the District of Columbia.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Kevin Passero, N.D. 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 understand that it is not being recommended to me to discontinue any other treatment or care being provided by any other health care professional. I understand that Dr. Passero does not function as a primary care physician, and that he offers his services in addition to other services I receive. I understand that he does not replace the service of my primary care physician.**

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. 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 understand that full disclosure of information has been made to me and all my questions have been answered to my full satisfaction.

Date

Signature of Client

Signature of Parent or Guardian