
Health For Life Clinic, Inc.
112 N Cornell Ave. Lancaster, PA 17603
Phone (717) 669-1050 Fax (717) 397-4543

INFORMED CONSENT FOR RECOMMENDATIONS

Name: _____ Date of Birth: _____

I hereby authorize the naturopathic consultant and licensed acupuncturist of Health For Life Clinic, Inc. to perform the following specific procedures as necessary to facilitate recommendations:

- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation of vitamins, minerals, amino acids and other nutritional or therapeutic substances.
- **Botanical medicine:** botanical substances (herbal medicines) may be prescribed as teas, non-alcoholic tinctures, capsules, tablets, crèmes, plasters, or suppositories.
- **Homeopathic medicine:** the use of highly dilute quantities of naturally occurring plants and minerals to gently stimulate the body's healing responses.
- **Lifestyle counseling and hygiene:** nutrition, elimination diets, promotion of wellness including recommendations for exercise, sleep, stress reductions and balancing of work and social activities.
- **Acupuncture**

Practitioner of Health For Life Clinic, Inc. has explained the risks and benefits of the care I am receiving and I have been given the opportunity to ask questions about the procedures. I recognize the potential risks and benefits of the procedures I am receiving, as described more generally below:

Potential risks: allergic reactions and/or side effects to supplements, inconvenience of lifestyle changes, aggravation of present conditions, and possible drug interactions with natural supplements or products. I will not hold Ann Lee, ND, L.Ac. responsible or liable should I have such reactions. Acupuncture may produce dizziness, nausea, fainting, temporary fatigue, numbness, tingling, bruising, bleeding or redness. Physical medicine may result in temporary pain or discomfort.

Potential benefits and purpose: 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 clients 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.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the practitioner 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 consent to additional procedures from those described herein that are deemed necessary.

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 my lawful representative, or me or unless law permits or requires it. I understand that I may request to view my medical record and can request a copy by paying the appropriate copying fee.

I understand that my medical record will be kept for a maximum of seven years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that my practitioner will answer any questions I have, to the best of his/her ability.

I understand that Ann Lee is a naturopathic consultant and acupuncturist, not a medical doctor, and it is therefore recommended that I retain the services of a primary care physician for appropriate evaluations and check ups. I further understand that Ann Lee does not diagnose, treat or prescribe for any particular symptom, disease or condition, including cancer. I understand that she will work on increasing my general vitality and constitutional strength, providing supportive care to feel as good as possible for as long as possible.

Date

Signature

If the client is a minor or is unable to consent, please complete the following: Age _____

Name of Guardian _____ Relationship _____ Signature _____