

Consent for Treatment

Patient's Name: _____

Signature: _____

Date: _____

This is to acknowledge that I have been informed of the following:

- I understand that Dr. Marie Rodriguez is a naturopathic physician. She is a graduate of a 5 year accredited naturopathic medical school; she is not an MD or DO.
- Naturopathic medicine is not a medical specialty but a separate and distinct health care tradition.
- A naturopathic physician is a practitioner trained in the use of natural means to further health and wellness, including assessment, patient education, counseling about nutritional interventions, herbal and homeopathic remedies, lifestyle modifications and a range of other natural interventions/consultations.
- In the District of Columbia, naturopathic physicians may not prescribe pharmaceutical medications, nor may they perform minor surgery.
- I understand that a core approach taken by naturopathy is achieving better health status through improvements in diet and the use of dietary supplements to improve biological function, as well as exercise and other lifestyle modifications.
- The focus of naturopathic care is to alleviate the underlying conditions that bring about illness rather than the treatment of symptoms. While I may experience some immediate improvement from the use of herbs, homeopathic remedies and other botanical and naturopathic methods, I understand that the most effective results occur when I make a long-term commitment to rebuild my health with the assistance of Dr. Rodriguez.
- I understand that Dr. Rodriguez does not offer after hour services or provide any hospital-based services. If I have difficulty with any of the remedies or other aspects of my work with Dr. Rodriguez, I understand I should call to discuss concerns I may have.