



DR. MARILYN TRAN
Naturopathic Doctor

Informed Consent to Treatment

Naturopathic Medicine is a distinct primary health care system that blends modern scientific knowledge with traditional and natural forms of medicine to treat disease and restore health. Naturopathic Doctors treat the root causes of disease and assess the whole person, taking into consideration physical, mental, emotional, social and spiritual aspects of the individual.

It is important to notify Dr. Marilyn Tran, ND immediately of:

- Any disease process that you are suffering from
- If you are on any medication or over-the-counter drugs, supplements, or herbal preparations
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant, or you are breast-feeding

There are some slight health risks possible with some Naturopathic medical treatments, which will be discussed with you in detail before any specific treatment is initiated. These include, but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or botanicals
- Pain, bruising, infection or injury from acupuncture or cupping
- Fainting or puncturing of an organ with acupuncture needles

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 when law requires it. I understand that I may look at my medical record at any time, and can request a copy of it, or have a report drawn up by paying the appropriate fee, which will be kept confidential.

I understand that my Naturopathic Doctor will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. I will rely on the Naturopathic Doctor to exercise judgement during the course of the procedure, which she feels at that time is in my best interests, based on the facts known to her. With this knowledge, I voluntarily consent to naturopathic diagnostic and therapeutic procedures.

I intend this consent form to cover the entire course of treatment for my health condition I am seeking treatment for. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I DECLARE that I have received a full and complete explanation of the treatment of services that I may receive with my Naturopathic Doctor and hereby authorize and consent to treatment.

Patient's Full Name (Please Print): _____

Signature of Patient: _____ Date of Consent: _____

Dr. Marilyn Tran

Dr. Marilyn Tran, ND – CONO License #3007