

## CONSENT TO TREATMENT

**General Information:** Dr. Craig Peterson is a licensed health care provider who integrates a number of therapeutic modalities in his practice to address your health concerns. Due to the diversity of therapeutic modalities that he offers, your time with him may include none, any or all of the following general modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, and Nutritional Counseling.

**Methods, Procedures and Therapeutic Approaches:** He may perform any of the following procedures as necessary to determine approaches to otherwise address your health concerns.

**General Diagnostic Procedures** (including but not limited to tongue and pulse diagnosis)

**Psychological Counseling;** Lifestyle Counseling; Exercise Recommendations

**Acupuncture:** (insertion of special sterilized needles at specific points on the body)

**Topical Applications and Prepping** (includes cupping—a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha—rubbing on an area of the body with a blunt, round instrument)

**Herbs/Natural Medicines** (recommendations of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, pastes, plasters washes; or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)

**Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements.)

**Soft Tissue Manipulation** (use of tui na—Chinese body work, muscle energy stretching or craniosacral therapy)

**Electromagnetic and Thermal Therapies** (includes the use of transcutaneous electrical stimulation, TDP lamp—far-infrared heating device, or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)

**Potential Risks:** Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; allergic reactions to recommended herbs or supplements; soft tissue injury from physical manipulations; and aggravation of pre-existing symptoms.

**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 the provider if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

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**Patients with bleeding disorders or pacemakers as well as pregnant patients should  
inform the practitioner prior to receiving any therapeutic procedure.**

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I am requesting and hereby authorize services offered to me by Dr. Peterson including physical examination, specialized tests and treatment deemed appropriate by my provider. As a patient, I am to be fully informed of benefits and possible complications, as well as alternative to the proposed treatment, including no treatment.

I understand that I am responsible for all fees at the time of service, regardless of insurance coverage or treatment outcome.

I recognize that Dr. Peterson is a licensed naturopathic doctor of Washington and that he has been trained to act on my behalf as a primary care general practice physician and that he is also a licensed Acupuncturist of Washington state.

I understand that I may ask questions regarding my care before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Peterson or personnel regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. The record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

I confirm that I have read and fully understand the above prior to my signing.

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Patient's Name (PRINT)

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Signature of Patient (or Legal Representative)

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Date

## Acknowledgement and Informed Consent of Natural Supportive Therapy for Cancer

I, \_\_\_\_\_, request medical care with Puget Sound Integrative Oncology in Seattle, Washington. I have been diagnosed by an oncologist as having the following cancer or malignancy:

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I understand that Washington state law does not authorize naturopaths to treat me for any cancer or malignancy and that I am required to be under the care of a medical doctor or osteopathic (oncologist) while receiving care with Puget Sound Integrative Oncology. I am currently under the care of the following oncologist in regard to my cancer:

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I recognize that I am here for adjunctive supportive therapies only, and I understand that the physician I am seeing is not treating me for cancer.

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

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Patient's Name (PRINT)

\_\_\_\_\_  
Guardian Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date