

## Juliette Soihl, N.D.

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### CONSENT TO TREATMENT

I, the undersigned, understand that methods of evaluation used in this practice may include, but are not limited to, physical exams (vitals, musculoskeletal, EENT, heart and lung, orthopedic, dermatologic, and neurological assessments) and diagnostic procedures (including venipuncture, diagnostic imaging, and laboratory evaluation of blood, urine, stool, and saliva).

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, naturopathic medicine, herbal therapy, homeopathy, massage, hydrotherapy, nutritional supplements, pharmaceutical prescriptions, sauna therapy, and lifestyle and nutritional counseling.

I understand that naturopathic medicine, herbal therapy, homeopathy, massage, hydrotherapy, nutritional supplements, sauna therapy, pharmaceutical prescriptions, and nutritional counseling are safe methods of treatment. Potential risks are uncommon but may include nausea, headache, stomachache, vomiting, diarrhea, rashes, hives, or dizziness. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify Dr Juliette Soihl should I become pregnant or if I am in the process of trying to get pregnant so that she can avoid medications, supplements, and herbs that could induce miscarriage. Otherwise, Naturopathic medical treatment can be very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by Dr Juliette Soihl are safe in the recommended doses. Large doses of herbs or supplements taken without my practitioner's recommendation may be toxic, and some herbs and supplements are inappropriate during pregnancy. Some possible side effects of herbs or supplements are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and dizziness. I understand that if I experience any adverse effects from herbs, supplements, or medications prescribed by Dr Juliette Soihl that I must stop taking these herbs, supplements, or medications and notify Dr Juliette Soihl as soon as I experience any discomfort or adverse reactions.

I understand that Dr Juliette Soihl may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I understand that I can discuss risks and benefits further with Dr Juliette Soihl before signing if I so choose. However, I do not expect Dr Soihl to be able to anticipate and explain all possible risks and complications of treatment. I rely on Dr Juliette Soihl to exercise her judgment in my best interest during the course of treatment, based upon the facts then known.

I recognize that scheduling an appointment involves the reservation of time specifically for me, and that consequently, a minimum of 24 hours notice is required to reschedule or cancel an appointment. Unless otherwise agreed to in advance, the full fee will be charged for sessions missed without such advance notification. I understand that most insurance companies do not reimburse for missed sessions.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

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Patient Signature

Date