

Niña Iselin N.D., M.Ac.
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Informed Consent

I, _____, (patient or guardian), grant permission to Niña Iselin N.D., L.Ac. or her designee(s) or consultant(s), in charge of my care to perform the examinations and procedures that may be professionally deemed necessary or advisable in the diagnosis and treatment of any conditions related to me as a patient, consistent with, Advance Directive, Living Will or Durable Power of Attorney for Healthcare on file. I understand this may include one or more of the following:

Naturopathic Care: which may include but is not limited to nutritional and life style counseling, bio-identical hormone treatment, behavioral modification, homeopathy, body work, hydrotherapy, massage, and herbal and drug prescriptions. The doctor, if necessary, may also draw blood and perform lab testing.

Acupuncture: which may also include cupping, moxibustion, and Tui Na:

NAET: which includes kinesiology (muscle testing), acupuncture or acupressure or other stimulation of acupuncture points.

My Naturopathic Doctor has explained the above treatments or procedures to me in language that I can understand: the risks, possible complications, and expected benefits of the procedures. I have had the opportunity to have any questions answered to my satisfaction. I do not expect the doctor to be able to anticipate and explain all risks and complications of treatment. I understand in signing this form I am expressing my wish to rely upon the doctor to exercise judgement and decide upon the course of treatment which the doctor feels, based upon the facts then known to her is (at the time) in my best interest. I have fully evaluated the risks and benefits of undergoing care and treatment. I have freely decided to undergo the recommended care and treatment, and hereby give my full consent to care and treatment here.

I also acknowledge and agree to abide by the following Clinic Policies:

Payment is expected at the time of the appointment. Payment is accepted by cash or check but not credit cards. Dr. Iselin does not bill insurance companies at this time. Reimbursement is not guaranteed. It is the patient's responsibility to research insurance coverage. Upon request at the time of service Dr. Iselin will provide an invoice that may be submitted to insurance for possible reimbursement.

Emergencies: Dr. Iselin does not administer emergency care. In case of an emergency, patients are to call their family physician, call 911, or go to the ER.

Cancellations: 24 hours advanced notice is required for cancellation of an appointment or there will be a charge of \$50. Missed appointment will incur the full appointment fee.

Patient/Responsible Party Signature

Printed Name

Date
