

Mary Ellen O'Brien NMD, FNP
2127 E. Baseline #103
Tempe, Arizona 85283
(480) 491-1716

INFORMED CONSENT FOR CARE

I hereby request and consent to the performance of a medical history, physical examination and diagnostic tests as necessary, nutritional and lifestyle counseling and Naturopathic therapies, on me (or the patient named below for whom I am legally responsible) by Dr. Mary Ellen O'Brien, Doctor of Naturopathic Medicine.

I have been informed and understand that in the practice of Naturopathic Medicine there can be some risks to treatment, including but not limited to minimal bleeding and bruising from an acupuncture treatment or injection, or a possible sensitivity reaction to nutritional supplements recommended to me (or the patient named below for whom I am legally responsible).

I agree that I am accepting this care of my own free will and choice. I understand that no guarantees have been made to me regarding the result of treatments or examinations done in this office.

I have read and/or have had read to me, the above consent. I have also had an opportunity to ask questions about its content. By signing below I signify that I understand the above. I intend this consent form to cover the entire course of treatment for my (or the patient named below for whom I am legally responsible) present condition and for any future conditions for which I may seek treatment.

Name of Patient (please print)

Name of Legal Guardian, if applicable
(please print)

Date

Signature of Patient
or Legal Guardian (if applicable)