

# **MOUNTAIN MEDICINE**





#### **INFORMED CONSENT & WAIVER**

The goal of Mountain Medicine of Warm Springs is to harness the power of physical and spiritual healing by delivering healthy solutions that benefit your health and wellbeing.

#### The Mountain Medicine Mission

We are dedicated to providing holistic healthcare options to our clients that promote physical, emotional, and spiritual wellbeing. We offer a way to alternative and holistic medicinal approaches while providing access to minor medical needs and access to healthy foods and healthier services needed on healing journeys.

#### The Mountain Medicine Philosophy

We believe that true health is not just the absence of disease, but a state of balance and harmony in body, mind, and spirit. We strive to address the root causes of our clients' health concerns, rather than just treating symptoms, and to empower them to take an active role in their own healing journey.

## The Mountain Medicine Community

We are proud to be a part of the vibrant holistic health community in our area and surrounding areas. We support local businesses and organizations that share our values and believe in giving back, and regularly donate our time and resources to causes that align with our mission.

### **Functional Medicine Laboratory Testing Informed Consent**

The purpose of Functional Medicine Laboratory Testing is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office are not intended to diagnose disease. This office utilizes conventional labe tests as well as functional medicine assessment.

Functional medicine assessment is designed to assist our doctors and other healthcare providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

Your medical physician may or may not agree with the necessity for - or our interpretation of - these tests. If you have any questions or concerns, please discuss them with our doctors.

### Mountain Medicine of Warm Springs Informed Consent & Waiver

I give consent to Dr. Cindy Freed and her medical staff to assist me in achieving my health goals by providing reliable information, ideas, and health advice, but understand and agree that I am fully responsible for my well-being; including my choices, decisions and actions.

I understand that I should discuss any dietary, supplement or health related changes with my doctor and should not discontinue any prescription medications without first consulting my doctor.

I understand that Dr. Cindy Freed and her medical staff will protect my information as confidential unless he is compelled to by law or unless I have given my written consent otherwise, but that the use of technology is not always secure. I accept the risks of confidentiality loss in the use of email, text, phone, video call and other technologies.

With this consent, Dr. Cindy Freed and her medical staff may use all test results, case review documentation and other case information for research and educational purposes. I understand that my identifying information will be removed if my data is used for these purposes.

		Last		
		Date		
First	Middle	Last		
Dr./Staff Name Signature			Date	
	First	First Middle	First Middle Last	





## PATIENT INTAKE FORM

Last Name		First Name	Middle Name	Preferred Name	
Date of Birth		SSN	Gender  Male Female		
Stree Address			City	State	
Home Phone	Mobile Phone	Work Phone	Other		
Home Email Address			Work Email Address		
		EMERCENCY (	CONTACTS		
1st Contact	Full Name	Mobile Phone	Email Address	Relationship	
2nd Contact	Full Name	Mobile Phone	Email Address	Relationship	
3rd Contact	Full Name	Mobile Phone	Email Address	Relationship	
		CURRENT MEDICATION	ONS & ALLERGIES		
Please list all o	current medications (incl	uding dosage and frequ	ency)		
Please list any	allergies (if none, please	indicate "none" below)	,		

We believe in treating the whole person, not just the symptoms. Our holistic approach to medicine combines traditional and alternative therapies to help you achieve optimal health and wellness. We provide access to minor medical needs and access to healthy foods and healthier services.



# \*\* For Doctor and Medical Staff Use Only \*\*
