



INFORMED CONSENT TO NATUROPATHIC TREATMENT

I, _____ (*please print name*), hereby request and consent to Naturopathic care and Naturopathic procedures, including various modes of treatment and diagnostic procedures for me or the patients named below. I understand that Naturopathic Physicians are not licensed in the state of Colorado and that Dr. Mary Shackelton, MPH, ND, is licensed in states in which she attended Naturopathic Medical School. I also understand that she has passed board examinations required for licensure.

I hereby consent to Naturopathic treatment by Dr. Mary Shackelton, MPH, ND, who is licensed in the states of Vermont and Arizona. _____ (*initial*)

I have had the opportunity to discuss with Dr. Mary Shackelton, MPH, ND, the nature and purpose of Naturopathic Medicine. As with any medical treatment, I understand that treatment outcome is variable. I also understand that the likelihood of physical change improves with adherence to my individualized treatment plan. _____ (*initial*)

I have read the above consent, and by signing below, I agree to Naturopathic treatment. I intend for this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment. _____ (*initial*)

Patient Signature: _____ Date: _____

Patient Name (please print): _____

Guardian Signature (if patient is under 18-years-old): _____

Guardian Name (Please print): _____