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CONSENT FOR TREATMENT

Dr. Jess Ardern-Wilson may utilize a variety of procedures and modalities, if necessary, to give proper assessments, determine treatment approaches, treat and/or otherwise address your health concerns. All options will be discussed with you in advance of treatment.

General Diagnostic Procedures may include, but not limited to venipuncture, blood and urine lab work, general physical exams, pap smears, radiology, neurological and musculoskeletal assessments.

Herbs/Natural Medicines from various therapeutic substances, including plants, minerals and animal materials. Substances may be given in the form of capsules, pills or tinctures and may contain alcohol. Homeopathic remedies, often highly diluted quantities of naturally occurring substance, may also be used.

Dietary Advice and Therapeutic Nutrition and the use of foods, diet plans or nutritional supplements for treatment and may include intramuscular vitamin injections.

Pharmaceutical Drugs and antibiotics may also be used on occasion, but not as a first line therapy.

Allergic Reactions are a slight risk to the prescription of herbs or supplements.

Potential Benefits include the restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery and the prevention of disease or its progression.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Ardern-Wilson or his agents to the cure of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient's Name (Print)

Guardian's Name (Print)

Patient's Signature

Guardian's Signature

Date

Relationship to patient