



CONSENT FOR TREATMENT

General Information: This disclosure is to advise you of the scope of practice for Naturopathic and East Asian Medicine in the State of Washington, and to document your consent for services.

Methods, Procedures and Therapeutic Approaches: Dr. Kaltunas may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

General Diagnostic Procedures: Including but not limited to venipuncture, pap smears, blood and urine labwork, general physical exams, neurological and musculoskeletal assessments.

Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions

Acupuncture: The use of pre-sterilized, disposable acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians.

Moxibustion: The direct or indirect warming of specific points using the herb mugwort (*artemesia vulgaris*).

Cupping: Glass cups are placed on the skin with a vacuum created by heat or suction device.

Dermal-friction Technique (Gua sha): Friction is applied topically to the skin using a smooth object to relieve symptoms.

Sonopuncture: The use of sound to stimulate acupuncture points or meridians.

Laserpuncture: Laser light beams are applied to the acupuncture points to help stimulate the flow of qi and promote healing.

Breathing, Relaxation, and East Asian Exercise Techniques

Qi Gong: an internal Chinese meditative practice that often uses slow graceful movements and controlled breathing techniques to promote the circulation of qi within the human body, and enhance a practitioner's overall health.

East Asian Massage and Tui Na: Bodywork characterized by kneading, pressing, rolling, shaking, and stretching of the body.

Superficial Heat and Cold Therapy

Aquapuncture: Point injection therapy.

Liniments, Oils, and Plasters: herbal formulas applied topically to the skin.

Herbs/Natural Medicines: Prescribing plants, minerals and animal materials in the form of teas, pills, powders, tinctures—may contain alcohol; topical creams, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.

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

Soft Tissue and Osseous Manipulation: Use of massage, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy.

Electromagnetic and Thermal Therapies: Includes the use of low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, electroacupuncture and infrared lamps

Potential Risks: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax).

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

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment

JENNY KALTUNAS, ND, EAMP (LAc)

9500 Roosevelt Way NE, Suite 301, Seattle, WA 98115 | ph: 206.588.0936 | f: 206.557.4768 |
InTuneHealingArts.com



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 regarding cure or improvement 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. I hereby release Dr. Jennifer Kaltunas from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care.

I am aware that a specific amount of time is allotted for my treatment and arriving late will mean my treatment will be adjusted to fit the time schedule. I also understand that except in emergencies, I must give 24-hour notice of intent to cancel or reschedule my appointment. Missed appointments will be billed at current rates.

I acknowledge that although I am seeking support for my health, I am committed and willing to collaborate in this healing process. This process may involve the practice of shedding thoughts and behaviors that are not serving me, and inviting in possibilities that are meaningful to my personal healing and growth. I acknowledge that healing can be challenging, but I am willing to take the steps needed, with the support of my team, because I am committed to my personal growth.

Patient's Name (PRINT)

Guardian/Personal Representative's Name (PRINT)

Patient's Signature

Guardian/Personal Representative's Signature

Date

Relationship/Representative's Authority

Date

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