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### **Informed consent for Naturopathic and Chinese Medicine and Acupuncture**

I do voluntarily and knowingly give my consent to treatment by naturopathic, Chinese medicine, acupuncture, herbal medicine, homeopathy and other natural therapeutics. I understand that it is my responsibility to disclose my previous medical conditions and that failure to do so may hinder my treatment and progress. I will also disclose all pharmaceutical, supplements, herbs and drugs that I am taking. I will inform my doctor if I am pregnant or trying to get pregnant as certain herbs and acupuncture points are contraindicated during pregnancy. If I have a condition that requires medical care, I will consult with my physician. I understand that Dr. Gurski may, during the course of my treatment see evidence of a condition for which she may consult with or refer me to other physicians.

In my practice preventive medicine, nutrition, bodywork, stress management and lifestyle counseling is emphasized to boost health and avoid disease. Chronic conditions may require a series of treatments to see improvement. All treatments will be tailored to meet the individual needs of the patient. Individuals respond differently to treatments. If an aggravation or an unusual response occurs, please do not hesitate to leave me a message or bring it up at your next appointment. Appointments are made by calling the office, but **please note that a \$50 no show/late cancel fee will be charged for appointments missed without 24 hours advance notice.** Best efforts will be made to respond to your message within 24 to 48 hours. For urgent care dial 911 and for a mental health crisis, please call Cedar Hills Hospital at 877-703-8880 or 503-944-5000.

It is important for you to understand that my practice is not meant to be primary care. Therefore, it is necessary for you to have a primary care physician who can manage your care if you need to be hospitalized and for any other major medial problems that fall outside the scope of my practice. Additionally, I encourage you to receive regular physical exams and basic diagnostic procedures, such as mammography, PAP smears, prostate checks, colonoscopy, etc. from your primary care physician. I will share information about your care with your PCP with your permission.

The herbal, nutritional and homeopathic supplements are traditionally considered safe with proper usage in the practice of naturopathic and Chinese medicine. However, you should be aware that consumption of herbs could result in GI upset, diarrhea, rash or other rare reactions. If you experience any unpleasant side effects from the herbs or supplements, please discontinue use and contact Dr. Gurski as soon as possible.

Acupuncture involves the insertion of sterile needles through the skin. This can produce a mild but temporary discomfort—usually achiness, tingling, electric sensations and occasionally a bruise. Dizziness and lightheadedness may also occur and extremely rare risks include nerve damage, organ puncture and infection.

I am here to embark on a journey toward better health and to claim responsibility for my own body and healthcare. I will communicate with my doctor and ask questions if the treatment approach is not clear. I understand the above authorization and the risks of possible complications. I am aware that I may withdraw this consent at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_