

The purpose of this form is to obtain consent for services rendered at Neurotherapeutic Pediatric Therapies, Inc (Neuro). I understand that patient care is directed by licensed health care providers who are employees of Neuro. I request and consent to examination and treatment with the providers at Neurotherapeutic Pediatric Therapies, Inc.

I understand I have the right to ask questions and discuss satisfaction with the above mentioned providers:

- My suspected diagnosis(s) or condition(s)
- The nature, purpose, goals, and potential benefits of the proposed care
- The inherent risks, complications, potential hazards, and/or side effects of treatment or procedure
- The probability or likelihood of success
- Reasonable available alternatives to the proposed treatment procedure
- Potential consequences if treatment or advice is not followed and/or nothing is done

I understand that evaluation and treatment may include, but is not limited to:

- **Common Diagnostic Procedures:** Physical examination, laboratory testing of blood and other bodily fluids, referrals for external diagnostic procedures, and more.
- **Soft Tissue Treatment:** Massage, Neuro-muscular technique, muscle energy technique, naturopathic osseous manipulation of the spine and extremities, and more.
- **Dietary and therapeutic nutrition recommendations and counseling:** Use of foods, individualized diet plans, nutritional supplements, and more.
- **Natural substance prescriptions:** Plant/herbal, mineral or animal-based substances in full strength or highly diluted/homeopathic, and more. Substances may be given in the forms of teas, pills, creams, powders, tinctures (which may contain alcohol), suppositories, topical creams, pastes, plasters, washes, or other forms.
- **Counseling:** mindfulness techniques, behavioral change, stress management techniques, tobacco/substance use cessation, and more.
- **Over-the-counter and prescription medications:** Only those listed on the Oregon Board of Naturopathic Medicine formulary.
- **Hydrotherapy:** Alternating hot and cold applications, baths, sauna, ice, towels and/or sheets, and more. Possible risks and complications associated with these procedures may include:
 - Mild skin burns or irritation, overheating, skin rash, dizziness, and temporary decrease in blood pressure

I understand that some medicines, supplements, and procedures may be inappropriate during pregnancy. If I suspect I am pregnant, I will immediately inform my provider so that my treatment plan may be re-evaluated.

I have fully read and understand the above and hereby consent to services.

Client's Name	DOB
Responsible Party's Signature	Date
Print Name	Relationship to Client

Services:

All medical services are provided by a licensed Naturopathic Physician. Office visits are billed based on level of complexity. Depending on your insurance plan, an additional copay charge may apply.

New Patient Visits:

At this 60-75 minute appointment, a comprehensive history is gathered regarding the client's past medical, social, and developmental history. Previous records and test results are reviewed, and a plan is discussed regarding treatment options and additional testing recommendations.

Follow-Up Visits:

At this 30-50 minute appointment, clients will meet with their doctor to discuss treatment progress and make modifications to their treatment plan. Frequency of follow-up visits is based on patient need, and can range from weekly to quarterly.

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| • New Patient Visit | \$340.00-\$430.00 |
| • Follow-Up Visit | \$150.00-\$300.00 |

If visits are prolonged, an additional charge may apply.

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| • Prolonged Visits | \$70.00 per 15 minutes |
| • Phone Calls (5-30 minutes) | \$90.00-\$225.00 |
| • Portal Messaging (5-20 minutes) | \$90.00-\$150.00 |
| • Care Coordination & Consultation With Other Professionals | \$75.00 |

**** IF ONGOING SERVICES ARE PAID AT THE TIME OF SERVICE, A DISCOUNT MAY APPLY. PLEASE CONTACT OUR OFFICE IF YOU NEED TO DISCUSS A PAYMENT PLAN OR AN APPLICATION FOR OUR SCHOLARSHIP FUND. ****