



Holistic Urgent Care + Holistic Primary Care
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Welcome to Holistic Urgent Care, LLC and the medical practice of Dr. Rebecca Miller, NMD.

I consent to treatment and understand that my physician is a licensed Naturopathic Doctor who will conduct a thorough case history with me before initiating any treatment protocols. Naturopathic doctors are recognized as primary care physicians in the state of Arizona with the ability to diagnose and treat disease conditions. Naturopathic doctors utilize principles and practices that treat the whole person and assist in the body's own ability to heal.

Evaluation and diagnoses will be based on physical exam, specific blood and/or urinary laboratory reports. Evaluation of these laboratory reports may be interpreted differently from other practitioners of naturopathic or allopathic medicine. Treatment protocols may or may not be consistent with mainstream medical tests/evaluations and are based on clinical experience and scientific/medical literature.

Treatments may include procedures such as but not limited to nutritional supplements, homeopathic medicines, botanical medicines, intravenous vitamin/mineral therapy, acupuncture, prolotherapy injections, mesotherapy injections, trigger point injections, and prescriptive medications (including bio-identical hormones). Certain treatments may be deemed "experimental" since the FDA has not issued any guidelines or statements as to the safety or efficacy of these treatments. I understand that my doctor will inform me of the potential risks of treatment and answer any questions that I may have.

I understand that even "natural" treatments may have side effects and it is my responsibility to inform my doctor in a timely manner of any side effects or adverse effects that I may be experiencing. I will make sure to inform my doctor of all dietary supplements, non-prescriptive medicines and prescriptive medications that I am taking; as well as updating any changes to this list.

I acknowledge that if I have any questions or concerns about my lab evaluation and treatment protocol; I will address them with my doctor in a timely manner. My consent to treatment is voluntary and informed.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient

Date