

Consent for Treatment

I, _____, do hereby give my consent to service rendered and provided to me (or the patient named below, for whom I am legally responsible) as a patient at Northwest Integrative Medicine (NWIM). I understand that patient care is directed by licensed healthcare providers who are employees or licensed contractors of NWIM. I consent to services rendered and provided to me by these professionals, as well as volunteer physicians who may be associated for the purpose of consulting.

I have fully read and understand the above agreements and authorizations.

To attest to my consent, I hereby affix my signature to this authorization for treatment.

Date

Patient's Name (print)

Patient's Signature

Date of Birth

Consent to treatment of a Minor Child

I, _____, being the parent/legal guardian/personal representative of _____ have read and fully understand the above informed consent and hereby grant permission for my child to receive treatment at NWIM.

Guardian/Representative Signature

Date