



NATUROPATHIC DOCTOR DISCLOSURE STATEMENT AND CONSENT FOR TREATMENT

Naturopathic Doctor Name:

Business Address and Phone Number:

The nature of the service the Naturopathic Doctor will be providing:

Naturopathic Doctors may be registered in other states. This Naturopathic Doctor is registered in the following state(s):

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts:

- Prescribe, dispense or administer any prescription medications or devices except:
 - Epinephrine for anaphylaxis
 - Vitamins B6 and B12 injections
 - Barrier contraceptives (not including intrauterine devices)
 - Oxygen for emergency use, and
 - Vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.
- Perform surgical procedures, including surgical procedures using a laser device.
- User general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years of age, unless:
 1. This form is fully completed and signed
 2. The most recent immunization schedule recommended by the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form
 3. The Naturopathic Doctor Develops and executes a written collaborative agreement with a licensed physician who is a pediatrician or family physician, and
 4. The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.
- Treat a child who is two years of age or older, but less than eight years of age, unless:
 1. This form is fully completed and signed
 2. The most recent immunization schedule recommended by the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form, and
 3. The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.
- Practice medicine, surgery or any other form of healing other than Naturopathic Medicine.

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- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation or mobilization). Naturopathic physical medicine, as defined in section 12-37.3-102(12)(b), C.R.S., is permitted.
- Recommend the discontinuation of, or counsel against, a course of care, including prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894-7414 or find more information on how to file a complaint at: www.gov/pacific/dora/DPO_File_Complaint

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Disclosure Statement (To be completed by the Naturopathic Doctor)

1. I, _____ (print Naturopathic Doctor's name), am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.
2. I am not a medical doctor or physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.
3. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged less than eight years, with a licensed pediatric health care provider. If the patient is less than two years of age and does not have a relationship with a licensed pediatric health care provider, I will refer the patient to a licensed pediatric health care provider, physician, or advanced practice nurse who cares for pediatric patients.
4. If the patient is a child less than eight, I have provided with this form the immunization schedule and I recommend that the child's parent or guardian follow this schedule.
5. If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.

Naturopathic Doctors Signature

Date

Acknowledgement and consent for treatment (to be completed by the patient, or parent/guardian if patient is a minor)

I, _____ (print patient's, or parent/guardian's if patient is a minor, name), acknowledge receipt of the above disclosure statement and give my informed consent for treatment for (circle one) **myself** or **my child**, _____ (print patient's name if patient is a minor), by the above named Naturopathic Doctor.

(Circle one) The patient **does** or **does not** have a relationship with a licensed physician or pediatric health care provider. If so, please provide the name, address and phone number of licensed physician or pediatric healthcare provider: _____

Patient/Parent or Guardian Signature

Date

(This form must be completed and signed prior to the initial examination of the patient. This form contains all information detailed in the sample form and complies with sections 12-37.3-105(2)(e) and (f), (3)(b) and 12-37.3-111, C.R.S., and all other laws applicable to Naturopathic Doctors.)

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