

Rachel M. Anderson, ND
Annapolis Natural Health, LLC
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Annapolis, MD 21041
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Consent for Naturopathic Services

General Information. Dr. Anderson maintains a current license as a naturopathic physician with primary care physician rights and responsibilities in Washington state, where she completed her medical training. Dr. Anderson practices in Maryland as a health consultant and incorporates a variety of clinical tools in her practice. Most clients will receive a combination of recommendations including lifestyle and nutritional counseling, homeopathy, botanical medicine and nutritional supplementation.

Methods. Dr. Anderson may recommend any of the following:

- **Lifestyle modification:** including but not limited to sleep hygiene, hydration, nutritional counseling, meal hygiene, physical activity and decreasing exposure to environmental toxins
- **Nutritional supplementation:** recommendation of vitamin and mineral supplements appropriate to client's needs
- **Botanical medicines:** recommendation of herbal supplements in the form of capsules, liquid extracts, solid extracts, teas and topical applications as appropriate to client's needs
- **Homeopathy:** recommendation of homeopathic medicines appropriate to client's needs

Potential Risks. Potential risks of following Dr. Anderson's recommendations include allergic or other unfavorable reaction to nutritional or botanical supplements and temporary aggravation of pre-existing symptoms following homeopathic medicine.

Notice to Pregnant Women. All female patients must alert the doctor if they know or suspect that they are pregnant, since some recommendations could present a risk to the pregnancy.

Notice of Non-Licensure. Dr. Anderson is not a licensed physician in Maryland and does not diagnose or treat diseases. If you require medical diagnosis and treatment you must seek care from a licensed Medical Doctor or Doctor of Osteopathy in Maryland.

I understand that I may ask questions regarding Dr. Anderson and her recommendations before signing this form and that I am free to withdraw my consent and to discontinue participation in naturopathic care with Dr. Anderson at any time. With this knowledge, I voluntarily consent to the above recommendations, realizing that no guarantees have been given to me by Dr. Anderson or by Annapolis Natural Health, LLC regarding cure or improvement of my health condition. I understand that a record will be kept of my visits and the recommendations provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or myself or as otherwise permitted or required by law.

Client Name (printed)

Client Signature

Date

Parent or Legal Guardian (printed)

Signature

Date