



Living Medical Arts PLLC.

Mandy Gulla ND, LM, LMP



Informed Consent for Living Medical Arts PLLC.

I, _____, acknowledge that I am accepting treatment from a Naturopathic Physician at Living Medical Arts PLLC. I understand that there are intrinsic differences between the care provided by naturopathic doctors and by medical doctors. These differences are elaborated on page 2 of this document. I also understand that, the practice of medicine, nursing, and midwifery are not exact sciences, and I acknowledge that no guarantees or assurances can be made to me concerning the results treatments, exams and procedures to be performed. I have the assurance of the Living Medical Arts, PLLC staff that all information regarding my care while a client of Living Medical Arts, PLLC will be shared with me, and decisions regarding my care will be made in consultation with me. At this time it is my decision to pursue naturopathic treatment for my health conditions.

Signature of Patient or Guardian

Date

Client Responsibilities and Consent for care and healing

I understand that, at Living Medical Arts PLLC. physical, mental and emotional care is a collaboration between myself and my care providers. Care and healing does not merely happen to me. Healing is something that I do. I consent to do my part in this collaboration. I also understand that my doctors care for people, not illness. That time and patience are a component of healing.

Consent to Heal: I understand that this is an agreement firstly, with myself and secondly, with others in my life. I happily consent, in all parts and levels of who I am, to heal. I acknowledge and understand that this consent requires that I increase some happy and positive behaviors and decrease other unhappy and negative behaviors:

- 1) I consent to minimize complaining, blaming, irony and sarcasm because I know that they contribute to illness and make it harder to get well.
- 2) I consent to maximize praise and gratitude by expressing these toward myself, others and the Divine. I understand that this will help me get well.
- 3) I consent to minimize any and all obsessive worrying and concern about everything, including my health problems, because this can impede wellness.
- 4) I consent to acknowledge and rejoice in all improvement in my health and well being because this helps me get well.
- 5) I consent to notice and acknowledge all fear of getting well and any gains I get from staying sick so that these can be happily and easily released.
- 6) I consent to minimize and eliminate all behavior that undermines and sabotages my healing.
- 7) I realize that I deserve to be well.

Signature: _____

Date: _____



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CONSENT FOR TREATMENT

General Information: Due to the diversity of modalities offered at Living Medical Arts, your treatment may include any or all of the following general modalities: Naturopathic Medicine, Pharmacy prescriptions, Physical Medicine, Homeopathy, Psychological and Nutritional Counseling, wellness coaching, IV, IM, and joint injections therapies.

- **Methods, Procedures and Therapeutic Approaches:** Providers may perform any of the following procedures as necessary for proper assessments, to determine treatment approaches, or otherwise address your health concerns.
- **General Diagnostic Procedures:** Including but not limited to venipuncture, pap smears, blood, urine; stool lab work, physicals, neurological and musculoskeletal assessments and examinations.
- **Counseling:** Psychological, Lifestyle, exercise and Relationship Counseling.
- **Herbs/Natural Medicines** Prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures-may contain alcohol; topical creams, pastes, plasters, washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.
- **Dietary Advice and Therapeutic Nutrition** Use of foods, diet plans or nutritional supplements for treatment. May also include IM injections and IV nutrients.
- **Pharmaceutical Prescriptions** Prescribing of various pharmaceutical drugs within the scope of practice for Naturopathic Physicians which includes all Legend Drugs and specific Schedule III, IIIN, 4, & 5 per the WAC.
- **Soft Tissue and Osseous Manipulation** Use of massage, hydrotherapy, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy.
- **Potential Risks:** Pain, discomfort, blistering, discolorations, infection, burns, death, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed medications herbs or supplements; soft tissue, nerve, or bone injury from physical manipulations; and aggravation of pre-existing symptoms.
- **Potential benefits:** Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.
- **Notice to Patients with bleeding disorders, pacemaker, pregnancy and infectious disease:** Patients must alert the practitioner of this condition prior to any treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Living Medical Arts PLLC. or any of its personnel regarding cure or improvement of my condition.

Patient's Signature

Date

Guardian/Personal Representative's Signature

Date

Relationship

Living Medical Arts PLLC.



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Informed Consent for IV Therapy

Please read this document carefully and ask questions about anything you don't understand or would like more clarification. Then, please initial to the left of paragraphs where there is a space for your initials.

(Initials) _____ I have informed the supervising physician of any known allergies to drugs or other substances, or of any past reactions to anesthetics. I have informed the doctor of all current medications and supplements.

_____ I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

_____ It has been explained to me the reasons for utilizing IV protocols and I understand. Injectable solutions may include but are not limited to: vitamins, mineral, chelators (DMPS, CAEDTA), antioxidants (glutathione and alpha lipoic acid), cell membrane support (phosphotidyl choline), amino acids, H₂O₂, silver, antibiotics, DMSO, and MSM.

_____ I understand that:

- a. The procedure involves inserting a needle into a vein and injecting the prescribed solution.
- b. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
- c. Risks of intravenous therapy include:
 - i. Occasionally to commonly:
Discomfort, bleeding, bruising and pain at the site of injection.
 - ii. Rarely:
Inflammation of the vein used for injection, phlebitis, necrosis, hematomas.
 - iii. Extremely Rarely:
Severe allergic reaction, anaphylaxis, cardiac arrest and death.
- d. Benefits of intravenous therapy include:
 - i. Injectables are not affected by stomach, or intestinal absorption problems.
 - ii. Total amount of infusion is available to the tissues.
 - iii. Nutrients are forced into cells by means of a high concentration gradient.
 - iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
 - v. Heavy Metals can be eliminated via chelators
 - vi. Infectious agents can be move directly affected then oral antimicrobials

_____ I am aware that other unforeseeable complications could occur. The supervising physician or clinician has explained these risks to me as well as other options for treatment including receiving no treatment and the probable outcomes. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

_____ I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV therapy with any different or further procedures, which, in the opinion of my physician, may be indicated.

_____ The procedure will be performed by or under the direction of the physician with qualified Naturopathic Student Clinicians.

My signature below confirms that:

- a. I understand the information provided on this form and agree to the foregoing.

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b. The procedure(s) set forth above has been adequately explained to me by my physician.

c. I have received all the information and explanation I desire concerning the procedure.

d. I authorize and consent to the performance of the procedure(s).

Patient's Name – Please Print

Date

Patient's Signature

Date

Physician's Name – Please Print

Date

Physician's Signature

Date

Prolotherapy, IM Injections

INFORMED CONSENT

I, _____ have been advised and consulted about the injection technique of Reconstructive Injection Therapy, also known as Prolotherapy, or prolozone therapy.

_____ Intramuscular injections are usually given in the gluteus muscles and usually contain B vitamins and magnesium. Benefits include: Slow release of nutrients, bypassing the GI tract. Quicker repletion of deficiencies and imbalances.

_____ I have been advised that Prolotherapy is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons and nourish internal joint structures and increase blood flow, which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique can include but is not limited to: anesthetic (Procaine or Lidocaine), B12, Folate, Homeopathic injectables, hyaluronic acid, Kenalog, 15-25% Dextrose (sugar water), Glycerin and/or Phenol. Occasionally, your own blood (autologous) is used. The site of the injection is where the muscular, ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

I have been informed that the procedure has or bruising used on thousands of patients and is considered safe. The procedures may initially increase my painful area or reproduce my symptoms for one to three days (and occasionally as long as ten days) and then may decrease my pain complaints, but may not completely eradicate them. I understand some insurance companies have determined this treatment to be experimental due to the lack of large research studies in the scientific literature.

I understand the BENEFITS of the procedure are improved or resolved pain and improved function.

I have been informed of that the ALTERNATIVES to Prolotherapy and intramuscular therapy are:

1. Do Nothing
2. Possible surgical interventions
3. Injections with steroids may also be helpful, but usually do not give long lasting results.

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- 4. Manipulation may be helpful in temporary pain relief
- 5. Acupuncture and or massage or physical therapy oral nutrients.
- 6. Contrast hydrotherapy

I have been informed that the RISKS and COMPLICATIONS of Prolotherapy are:

- 1. Immediate pain at the injection site
- 2. Stiffness in the injected joint
- 3. Bruising
- 4. Headache during back injections
- 5. Allergic reaction to the solution, including anaphylaxis and death.
- 6. Infection from the injection
- 7. Injury to the nerve and/or muscle
- 8. Spinal cord injury during back injections
- 9. Temporary or permanent nerve paralysis
- 10. There may be no effect from the treatment
- 11. Pneumothorax (collapsed lung) when injecting near the lungs
- 12. Death from complications of the treatment
- 13. Itching at the injection sites
- 14. Nausea/vomiting
- 15. Dizziness or fainting
- 16. Swelling after joint injections
- 17. Bleeding
- 18. Temporary blood sugar increase

I have been informed that the risks of not choosing Prolotherapy

- 1. No relief of the pain
- 2. Continued instability of the damaged joint or ligament and probable worsening of your painful condition.

I understand this procedure is usually not covered by insurance and I am responsible for the total charge myself.

Patient Signature _____

Physician Signature _____ Date _____