



CHOICES IN HEALTH

Where leading-edge medicine meets innovative care

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Consent for Treatment

The signing of this form shall serve as authorization to Choices in health, to provide medical treatment to me. Colorado law requires that I be informed of my practitioner's education.

I understand that in the course of my treatment we may use conventional and/or unconventional medicine that they believe to be effective in treating human disease, pain, injury and other medical conditions. Some of these treatments have not been declared safe and effective by the United States Food and Drug Administration approval process and may include homeopathic medicines, the administration of herbal medicines, vitamins and other nutritional supplements, massage therapy, and biofeedback training.

I acknowledge that the known side effects of any unconventional therapy will be explained to me by my practitioner and that I shall have the absolute right to accept or refuse such treatment as I so desire. I will inform my practitioner whenever I desire further diagnostic tests or additional prescription medications. If I believe it would be in my best interest to have an outside specialty referral, I will discuss the possible benefits of this with my practitioner.

Date

Patient's Signature