

PEDIATRIC PATIENT INFORMED CONSENT

This Informed Consent is required by Minnesota Statute 147E in order that you, the patient, are aware of the nature of Stephani Waldron-Trapp, ND's practice in naturopathic medicine. The Minnesota Board of Medical Practice has required that each individual seeing Stephani Waldron-Trapp, ND read this form and sign it prior to consultation or treatment.

I, _____, UNDERSTAND THAT:

1. Stephani Waldron-Trapp, ND is fully credentialed and registered to practice naturopathic medicine in the State of Minnesota, pursuant to Minnesota Statute 147E. Her active registration number is 1016.
2. Dr. Waldron-Trapp received her four-year naturopathic medical training at University of Bridgeport College of Naturopathic Medicine, Connecticut, and graduated in 2005.
3. Dr. Waldron-Trapp passed all Naturopathic Physicians Licensing Examinations given by the North American Board of Naturopathic Examiners and received her Vermont license in 2005 to practice as a naturopathic doctor. She maintains this license as well.
4. Dr. Waldron-Trapp, to the best of her ability, will present treatment facts and options accurately, and will make recommendations according to standards of good naturopathic medical practice.
5. The scope of practice of a registered naturopathic doctor in the State of Minnesota includes, but is not limited to, the following services: (a) ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, glandular, protomorphogens, lifestyle counseling, hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease; (b) performing or ordering physical examinations and physiological functions tests; (c) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA); (d) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results; (e) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice; (f) prescribing or performing naturopathic physical medicine; and (g) admitting patients to a hospital if the naturopathic doctor meets the hospital's governing body requirements regarding credentialing and privileging process.
6. A registered naturopathic doctor is **not** allowed to: (a) administer therapeutic ionizing radiation or radioactive substances; (b) administer general or spinal anesthesia; (c) prescribe, dispense, or administer legend drugs or controlled substances including chemotherapeutic substances; (d) perform or induce abortions; or (e) perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue.
7. A registered naturopathic doctor is **not** allowed to practice or claim to practice as a medical doctor, surgeon, osteopath, dentist, podiatrist, optometrist, psychologist, advanced practice professional nurse, physician assistant, chiropractor, physical therapist, acupuncturist, dietitian, nutritionist, or any other health care professional, unless the registered naturopathic doctor also holds the appropriate license or registration for the health care practice profession.
8. Potential risks include allergic reactions to prescribed herbs and supplements and side effects of natural medications.
9. All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.
10. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Stephani Waldron-Trapp, ND or any of her personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I have read and understand the statements above.

Patient Name: _____ Parent or Guardian Name: _____

Signature of Parent or Guardian: _____ Date: _____