



BioFXN

Personalized Innovative Healthcare

Dr. Anna Martin, ND

Functional Medicine Doctor

Powered by Rebound SportsMed

CONSENT FOR TREATMENT

General Information: Dr. Anna Martin, ND will supervise your medical care. She has preceptors and technicians that work with her to ensure that you receive the best care possible. Student clinicians, or technicians, depending on their levels of experience, may observe or participate in the care provided but are always supervised by healthcare providers licensed in the State of Washington. Your medical history, treatment plan and progress is discussed (without identifying information) among other student clinicians for educational purposes at the clinic and evaluated by the supervising faculty for appropriateness and effectiveness. Due to the diversity of modalities offered at BioFXN and Rebound SportsMed, your treatment may include any or all of the following general modalities: Naturopathic Medicine, Physical Medicine, Botanical Medicine, Environmental Medicine, IV therapy and injections, Clinical Neurology, Homeopathy, Minor Office Procedures, Psychological Counseling and Nutritional Counseling. Dr. Martin often uses multiple treatment modalities in the length of one visit. All of our medical practitioners are licensed in the State of Washington having completed graduate level training and national board certification.

Methods, Procedures and Therapeutic Approaches: Clinicians may perform general diagnostic procedures, psychological counseling, lifestyle counseling, exercise prescriptions, dry needling, topical treatments, IV therapy and injections, herbal medicine, environmental medicine, natural medicine, clinical neurology assessment and therapy, dietary advice and therapeutic nutritional counseling, soft tissue and osseous manipulation, electromagnetic and thermal therapies and movement therapies.

Clinicians may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

- General Diagnostic Procedures: including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments.
- Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions
- Dry needling/Trigger Point Injection: e.g. insertion of special sterilized needles or lancets at specific points on the body with or without solution.
- Topical Treatments and Prepping: e.g. massage cupping (a technique using massage cups on the surface of the skin with usually a suction created vacuum and oil)
- Herbs/Natural Medicines: e.g. prescribing therapeutic substances which include plants, minerals, animal materials and other nutraceuticals. 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 diluted quantities of naturally occurring substances, may also be used.
- Dietary Advice and Therapeutic Nutrition: e.g. use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.
- IV Therapy: e.g. use of vitamins, minerals and nutraceuticals in an IV.
- Oral chelation: e.g. use of a chelator to reduce toxic burden
- BHRT/Other hormone therapy: e.g. bioidentical hormone replacement therapy and other hormone therapy, such as contraceptives as deemed medically necessary by healthcare provider
- Clinical Neurology Assessment & Treatment: including but not limited to use of clinical neurology diagnostic procedures, vestibular rehabilitation, core and balance training, optokinetic training, and cognitive training
- Minor Office Procedures: e.g. cleaning, suturing, and dressing a wound, ear lavage, skin scraping, superficial removals, skin cryotherapy
- Vaccinations and Pharmaceuticals: e.g. use of vaccinations and pharmaceuticals as deemed medical necessary by the healthcare provider. Alternate vaccine schedules, exemptions as well as single vaccines may be options if deemed medically necessary.
- Soft Tissue and Osseous Manipulation: e.g. use of massage, vibration, fascial manipulation, neuromuscular techniques, muscle energy stretching, visceral manipulation, Stecco FM as well as manipulations of the extremities and spine including manual manipulation, SOT, The Activator Method, traction, decompression, and craniosacral therapy.
- Electromagnetic Light and Thermal Therapies: e.g. ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, sauna, diathermy, thermal imaging and infrared and ultraviolet therapies, low level laser and colored light therapies.
- Potential Risks: While not common, can potentially occur from any therapy. Some examples include but are not limited to: pain, discomfort, blistering, discolorations, infection, or burns from topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; loss of consciousness or deep tissue injury from needle insertions or needle breakage; allergic reactions or side effects to prescribed IV therapies, injections, vaccinations, pharmaceuticals, herbs or supplements; soft tissue, nerve, vessel or bone injury from physical manipulations; and aggravation of pre-existing symptoms. In addition, the patient must inform the practitioner if the patient has a severe bleeding disorder, malignancies, pacemaker or metal implants prior to any treatment.

- **Potential benefits:** Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, palliation of symptoms, assistance in injury and disease recovery and prevention of a disease or its progression.
- **Notice to Pregnant Women:** All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy.

I understand that Washington State law does not authorize naturopaths to treat me for any **cancer or malignancy** and that I am required to be under the care of a medical doctor or osteopathic physician (oncologist) while receiving care with Dr. Anna Martin, ND. I recognize that I am here for supportive therapies only. I understand that Dr. Anna Martin, ND does not prescribe schedule 1 or 2 controlled substances. If Dr. Anna Martin decides these are medically necessary, she will refer you to another practitioner.

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 Dr. Anna Martin ND, BioFXN, Rebound SportsMed or any of its personnel regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. **I hereby acknowledge that I am financially responsible for all services rendered.**

Signature of patient

Date

Signature of guardian

Date

Relationship to patient