



Integrative Family Wellness

www.ifwcenter.com

Disclosure and Consent Form

I voluntarily request that Dr. Nickels at Integrative Family Wellness and other affiliated health care personnel, treat my condition (or the condition of the person for whom I am responsible) with the use of integrative medicine.

I understand that integrative and alternative treatments may consist of administration of natural prescribed medication, homeopathic remedies, herbal and nutritional therapies, off label use of pharmaceuticals, Chinese herbal formulas, and supplements.

I realize that there may be risks and hazards in treating this present health condition, with or without conventional medicine, and there may also be risks and hazards related to using integrative medicine, including worsening of present symptoms, development of new symptoms and undesirable interactions between various treatments, both conventional and integrative.

I understand it is my choice to discontinue any prescription medication I am currently taking.

I understand that no warranty or guarantee has been made regarding any treatment results.

I understand that once I have started my treatment program there are **NO** refunds.

I understand that my program is not transferable.

I understand that I, as the patient or the person legally responsible for the patient, am responsible for my health, and that I will not hold Dr. Nickels and other affiliated health care personnel legally responsible for my healthcare and treatment.

I understand that Naturopathic Doctors (ND) are not licensed in Wisconsin.

I understand that Naturopathic Doctors cannot function as primary care physicians in Wisconsin and that I am required to have a primary care physician.

I certify that I have read the contents of this form (or have had it read to me) and that I understand its contents.

PATIENT SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____



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I agree and understand that by entering my name on each these documents, it is the legal equivalent of my manual/ handwritten signature and that I consent to be legally bound to this agreement.

Name:

Date: