

CHRISTOPHER LEPISTO

DOCTOR OF NATUROPATHIC MEDICINE

102 N 4th, Suite 106
Grand Junction, CO 81501
970.250.4104
Fax 866.814.7594
www.grandjunctionnaturopath.com
drchristopher@mac.com

PEDIATRIC CONSENT FOR TREATMENT

I hereby authorize **Christopher Lepisto, ND** to perform any of the following specific procedures as necessary to facilitate the diagnosis and treatment of my child or the child for whom I am guardian/representative:

General Diagnostic Procedures (including but not limited to blood, urine, saliva and stool lab work, general physical exams, neurological and musculoskeletal assessments.)

Physical and Lifestyle Counseling; Exercise Prescriptions.

Herbs/Natural Medicines (prescribing of various therapeutic substances including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, 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, nutritional plans or supplements for treatment)

Soft Tissue and Osseous Therapeutics (use of massage, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as non-chiropractic mobilizations of the extremities and spine including traction and craniosacral therapy.)

Electromagnetic and Thermal Therapies (includes the use of infrared, LED and ultraviolet therapies.)

Injectable Therapies including local anesthetics, intramuscular vitamins or homeopathic medicines.

Potential Risks: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical therapies; 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.

I understand that I may ask questions regarding treatment before signing this form and that I am free to withdraw my consent and to discontinue permission for these procedures at any time. With this knowledge, I voluntarily consent to the utilization of above procedures on the patient, realizing that no guarantees have been given to me by Christopher Lepisto, ND. I understand that a record will be kept of the health services provided to the child. This record will be kept confidential and will not be released to others unless so directed by me or my representative or otherwise permitted or required by law. I understand that I have the right to review the medical record and obtain a copy of the record upon request and that obtaining a copy of the record may require payment of a fee. In the event of death, retirement or other cessation of Dr. Lepisto's practice, you may make a written request for the records to be received within a prompt and reasonable amount of time.

Parent/Guardian/Personal Representative's Initials _____ **Date** _____

State of Colorado Mandatory Disclosure Statement

Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894-7414 or find more information on how to file a complaint at:

www.colorado.gov/pacific/dora/DPO_File_Complaint

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the “Naturopathic Doctor Act.” They are not permitted to perform the following acts:

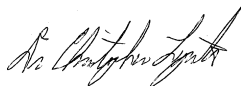
- Prescribe, dispense, or administer any prescription medications or devices **except**:
 - Epinephrine for anaphylaxis
 - Vitamins B6 and B12
 - Barrier contraceptives (not including intrauterine devices),
 - Oxygen for emergency use, and
 - Vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.
- Administer ionizing radioactive substances for therapeutic purposes.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Naturopathic physical medicine, as described in section 12-250-103(13)(b), C.R.S., is permitted.
- Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

1. I, Christopher Lepisto, am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.

2. I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.

3. I recommend that the patient named below have a relationship with a licensed pediatric health care provider.

4. If the patient has a relationship with a licensed physician, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient's parent/guardian/personal representative will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.



Parent/Guardian/Personal Representative's Initials _____ Date _____

State of Colorado Mandatory Acknowledgement

I, _____ (print the parent/guardian/personal representative's name), acknowledge receipt of the above disclosure statement and give my informed consent for treatment of _____ (print patient's name) by the above named naturopathic doctor.

Check one:

This patient does does not have a relationship with a licensed physician or pediatric health care provider.

Name, address, phone of licensed physician or pediatric health care provider:

Disclosure of Cancer Treatment Requirements

If the child for whom you are the parent/legal guardian are seeking treatment for cancer, or if the child currently has or at any subsequent time is found to have a diagnosis of cancer for which you are seeking treatment, I am by law required to recommend that the patient consult with a physician in oncology and document that recommendation in writing.

I acknowledge the disclosures on this and all previous pages. I consent to treatment by Christopher Lepisto, ND.

Parent/Guardian/Personal Representative's Name (PRINT)

Patient's Name (PRINT)

Parent/Guardian/Personal Representative's Signature

Relationship/Representative's Authority

Date