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Consent for Treatment

I hereby request and consent to the performance of naturopathic treatments and/or naturopathic procedures, including various modes of physical therapy and diagnostic procedures, on me (or on the patient named below for whom I am legally responsible) by Dr. Leslie Batten, naturopathic physician.

I understand and am informed that, as in the practice of medicine, there are some risks to treatment including but not limited to the following: venipuncture causing local and systemic inflammation and infection, local pain and swelling in areas that receive osseous manipulation, and allergic reactions to any medications administered. I understand that I am to contact Dr. Leslie Batten immediately if there is any reaction to any type of procedure performed. I wish to rely on the doctor to exercise judgment during the course of procedures and treatments which the doctor feels that, based up on the facts known, is in my best interest.

I have fully read and understand the above agreements and authorizations.

Patient's name (print)

Patient's signature

Date

Representative's Name (PRINT) and relationship to patient

Representative's signature

Date