

West Valley Naturopathic Center

Dear New Patient,

We are very excited to welcome you to West Valley Naturopathic Center. Within this letter you will find the following: our policies, a website for the new patient forms, the physical address of our office, and a map of our office location.

At the time of scheduling, we take a \$25 **NON-REFUNDABLE** deposit that gets deducted off of the total cost of your visit. If you should need to reschedule your appointment, it must be before 24 business hours of your scheduled appointment time. The initial deposit will be held for the rescheduled appointment up to 3 months. If your appointment is not rescheduled within 3 months of the initial deposit payment, another \$25 deposit is required to reschedule.

The new patient forms can be found on our website at www.wvncaz.com/forms. We require the new patient forms to be filled out and submitted at least 48 hours prior to your scheduled appointment time. If we do not receive the new patient forms in the allotted time frame, we will have to reschedule your initial appointment. Our office blocks out an hour time slot solely dedicated to your appointment and we do not double book patients. Having your new patient forms before the visit helps ensure the doctors are able to stay on schedule with your appointment and the patients after you.

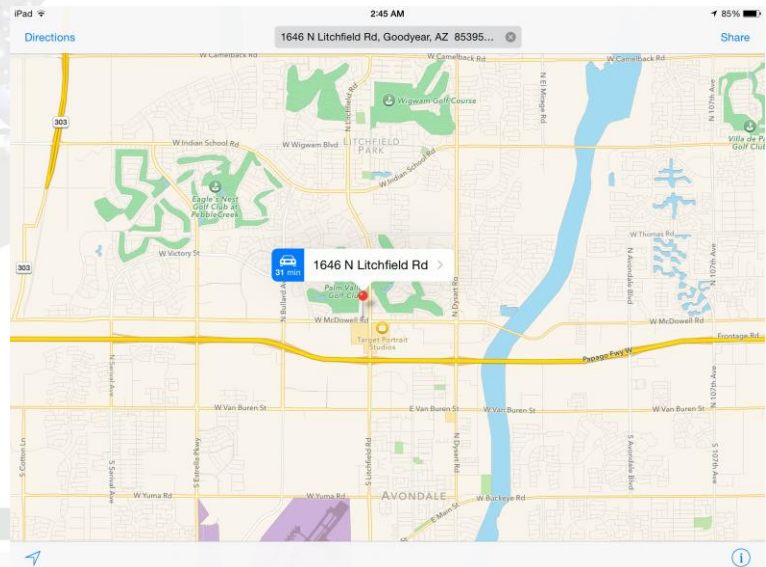
Our office is a cash pay office and your service fee is based on the amount of time spent with the doctor only. If your initial 60 minute consult was to go over the allotted time, an additional charge will be applied.

You will receive text reminders 48 hours before your scheduled appointment time as a reminder. You will also be given a call by our front office staff to confirm your appointment.

Items to bring with you to your initial visit: recent labs, recent imaging, health insurance card, drivers license, list of current supplements and medications, and any other pertinent medical records.

We are at your service to assist you on your journey to optimizing your health and wellness. Please do not hesitate to contact us directly if you have any additional questions or concerns. We look forward to meeting you and we are truly excited that you have chosen our office to facilitate your health care needs.

In health,
The WVNC team



Trigger Point Injection – Informed Consent Form

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

Trigger point injections are used to treat extremely painful and tender areas of muscles. Normal muscle contracts and relaxes when it is active. A trigger point is a knot or tight band in the muscle that forms when muscle fails to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (called a jump sign). The trigger point can trap or irritate surrounding nerves and cause referred pain - pain felt in another part of the body or in the teeth. Scar tissue and loss of range of motion and weakness may form over time. A solution containing a local anesthetic (usually lidocaine), normal saline and/or an anti-inflammatory is injected into the trigger point with a small needle. Trigger point injections have been found to be very effective in relieving pain, and may be used in combination with home exercise, heat, cold, and an individualized medication program.

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate additional surgery, prolonged hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Infection
 - Bleeding
 - Bruising, redness or swelling
 - Irritation at the injection site
 - Skin changes
 - Procedure may fail to reduce pain symptoms
 - Lung puncture if procedure performed in muscle near ribcage
 - **PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**
- I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenia gravis, multiple sclerosis, Lambert-Eaton syndrome, amyotrophic lateral sclerosis (ALS), and Parkinson's. I do not have any allergies to lidocaine or local anesthetics.

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

RIGHT TO DISCONTINUE TREATMENT:

I understand that I have the right to discontinue treatment at any time.

My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure.

Patient Name (printed): _____

Patient Signature: _____

Date: _____