



Dunphy PA / Nunley MD

Informed Consent and Request for Care

As a patient I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care with Dunphy, PA/ Nunley, MD having had the opportunity to discuss the potential benefits, risks and hazards involved.

I, _____, hereby request and consent to examination and treatment by Dunphy,PA/ Nunley.MD and all staff hereafter called allied health care providers.

I understand that I have the right to ask questions and discuss to my satisfaction with Daniel J. Dunphy, PA and/or Dr. Marsha Nunley, MD and/ or with their allied health care providers regarding:

- My suspected diagnosis(es) or condition(s)
- The nature, purpose, goals and potential benefits of the proposed care
- The inherent risks, complications, potential hazards or side effects of treatment or procedure
- The probability or likelihood of success
- Reasonable available alternatives to the proposed treatment procedure
- Potential consequences if treatment or advice is not followed and/ or nothing is done

I understand that an evaluation and treatment at Dunphy,PA/Nunley,MD may include, but are not limited to:

- Physical exam including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments
- Common diagnostic procedures including venipuncture, pap smears, diagnostic imaging, laboratory
- Evaluation of blood, urine, stool and saliva
- Soft tissue and osseous manipulation (including therapeutic massage, deep tissue massage, neuro-muscular technique, muscle energy technique, energy medicine and cranio-sacral therapy)
- Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements, intra-muscular vitamin injections, and intravenous vitamin therapy)
- Trigger point injection therapy with vitamin substances
- Botanical/ herbal medicines, prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures which may contain alcohol, suppositories, topical creams, pastes, plasters, washes or other forms
- Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- Counseling -Although we do not treat cancers, we do offer education and nutritional support for patients during and after medical cancer treatments. Other counseling includes but is not limited to visualization for improved lifestyle strategies and recommendations for counseling, meditation, psychotherapy or hypnotherapy)
- Over-the-counter and prescription medications

Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression.

Please Note: we do not treat cancers. We do offer information and nutritional support for our patients with cancers.

Potential risks: Pain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching; loss of consciousness and deep tissue injury from needle insertions, pneumothorax, allergic reaction to prescribed herbs, supplements; soft tissue or bony injury from physical manipulations; aggravation of pre-existing symptoms.

Notice to pregnant women: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pace makers, and/or cancer. For your safety it is vital to alert your provider at Dunphy, PA/ Nunley, MD these conditions.

PLEASE INITIAL THE FOLLOWING:

_____ I understand that Dunphy, PA/ Nunley, MD will only prescribe medications if he/she believes that they are in my best interest.

_____ I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances.

I do not expect Dunphy,PA/ Nunley, MD and/or any allied health care providers to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request that the allied health care providers explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services has been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand all of the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment

Patient name (please print) _____

Patient signature _____ Date _____

Guardian printed name _____

Guardian signature _____ Date _____