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Patient Information and Informed Consent Form

I fully understand that the risks of treatment, although limited, could include the following: dry mouth, low blood pressure, light headedness, red eyes, drowsiness, drug interaction (what kinds and how to follow up?) In rare case, liver injury has occurred

, premature labor in pregnant females, herbal side effects, drug interactions or allergic reactions. If I use a pacemaker, have heart problems, have metal plates or rods in my body, have an infectious disease, am taking herbs, medications, supplements or any drugs, or suspect that I am pregnant, I agree that I will inform my practitioner before beginning the treatment. I understand that slight bruising from cupping or needles may be a normal side effect and that supplements and herbs will be administered as prescribed by the practitioner.

I understand treatments of CBD Oil may affect people

I understand treatments of CBD Oil may affect people differently. The duration of treatment varies, and there is no stated or implied guarantee of success or effectiveness after a specific treatment or series of treatments. I do not hold Natomas Family Practice and those affiliated with Natomas Family Practice responsible for any risks that may result due to treatment.

I have completed the patient information form completely and accurately, and I understand and accept the risks involved in treatment.

I understand the need to maintain a relationship with my primary care physician to ensure my comprehensive health care needs are met. The practitioner has discussed the information contained within this form, and I understand this information.

I further understand that there is a charge of \$25.00 for any returned checks, and that full treatment costs will be charged for any missed appointments without prior 24 hour notification. Printed Name: Dat