

Consent to Naturopathic Care

Name and Location of Practitioner:

Dr. Katherine Peterson, N.D.
All Around Health, LLC
4240 C Kipling St
Wheat Ridge, Colorado 80033
Phone 303.928.0308



License:

Dr. Katherine Peterson currently holds and maintains a license issued by the State of Colorado. Dr. Katherine Peterson License # ND.0000097

Naturopathic Doctors are licensed as primary care physicians in the state of Colorado. There are certain services that our doctors cannot provide such as writing prescriptions at this time. Naturopathic medicine should be used in conjunction with conventional medical care. It is highly recommended that you create a team with your primary care physician and/or specialist.

Experience and Training:

Dr. Katherine Peterson holds her Naturopathic Doctorate (N.D.) degree and Certificate in Natural Obstetrics/Midwifery from National College of Natural Medicine, located in Portland, Oregon.

- ◆ Four years of post-graduate Naturopathic medical instruction.
- ◆ Studies in basic sciences, pathophysiology, clinical diagnosis, pharmacology and natural modalities including homeopathy, botanicals, nutrition, hydrotherapy, naturopathic manipulation and massage.
- ◆ 1400 hours of clinical training by licensed Naturopathic and Medical physicians.
- ◆ Additional training in Natural Obstetric/Midwifery and Cardiovascular.
- ◆ Medical degree accredited by the Council of Naturopathic Medical Education (CNME) and The Higher Learning Commission of the North Central Association of Colleges and Schools.
- ◆ Two-step licensing exams, including basic sciences and clinical boards, administered nationally by NPLEX.

She is also currently seeking her Doctorate in Functional Medicine and Nutrition.

Rights:

- You have the right to be informed of the procedure involved in your care, the options and alternatives for treatment and the risks involved. You have the right for your questions to be answered completely.
- You have the right to know your doctor's assessment and recommendation.
- You have the right to courteous service free from verbal, physical, or sexual abuse.
- You have the right to confidentiality. Your records with this office are confidential. This information will not be released unless authorized by you or required by law.
- You have the right to access other community services, to change practitioners at any time, and refuse all services.

Acknowledgement of Consent

By signing here, I acknowledge that I have been informed of the procedure, alternatives and risks of Naturopathic care and that my questions have been answered completely. I acknowledge that neither claims of cure nor promises of outcome have been made regarding my therapy. I have read the above information and consent to care from the doctors at All Around Health, LLC.

Printed name of patient

Signature

Date