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Statement of Consent

I _____ understand the treatment modalities that my naturopathic doctor may use with me. I understand potential risks and side effects of naturopathic treatment and that my naturopathic doctor cannot anticipate and explain all risks and complications that may arise. I understand that naturopathic medicine, like all medicine, cannot guarantee results. I further understand that advice and/or treatments offered to me by my naturopathic doctor are not intended to substitute for or replace advice and/or treatment provided to me by my medical doctor.

With this knowledge I voluntarily consent to the diagnostic and therapeutic procedures outlined above except for (please list exceptions, if any).

This consent form is intended to apply to the entire course of my care by my naturopathic doctor (and/or naturopathic doctor substituting for her/him). I understand that at any time I may (in writing) withdraw consent to any further treatment and discontinue treatment at any time.

Signature of patient/Guardian _____

Date _____

Thank you for taking the time to complete this health history medical questionnaire. The information derived from all of these forms will provide invaluable data in identifying the underlying problems of your health concerns rather than simply treating the symptoms alone.

We look forward to helping you achieve lifelong health and well being.

Sincerely,
Dr. Chun Ming Lin, ND, RPh.