

**Kurt N. Woeller, D.O. and Tracy Tranchitella, N.D.**

750 NW Charbonneau Street, Suite 201

Bend, OR. 97701

951-461-4800 (phone)

951-461-4560 (fax)

[SCMedicalCenter@gmail.com](mailto:SCMedicalCenter@gmail.com)

**Consultation Informed Consent Form**

***(If consulting for minor child or disabled adult who is incapable of making health decisions for themselves both legal guardians MUST sign this document or the person with legal authority to make medical decisions).***

Name (print)

I, \_\_\_\_\_ (or the individual named here for whom I am legally responsible for), hereby request and consent to receive care from D. Kurt N. Woeller, aka. Dr. Woeller, and/or Dr. Tracy Tranchitella, aka. Dr. Tranchitella only if I or my child has seen them physically in person, I consent to receive health education information through a health education consultation only if I am consulting with Dr. Woeller and/or Dr. Tranchitella at a distance and I or my child has not seen Dr. Woeller and/or Dr. Tranchitella, aka. "them" in person first.

I understand that Dr. Woeller is a licensed physician in the State of Oregon and Dr. Tranchitella a licensed naturopathic doctor in the State of Oregon and I or my child can see Dr. Woeller and/or Dr. Tranchitella in person in Oregon to establish myself and/or my child as an established patient. I also understand that obtaining a health education information consultation with them via phone or internet medium (video portal) consultation service does not constitute me or my child as a patient of them if I or my child has not seen them in person first.

It is my understanding that Dr. Woeller and Dr. Tranchitella may use "alternative" (aka. complementary, integrative, holistic, non-traditional) care methods including nutritional supplementation, herbal and homeopathic supplements, compounded medications including vitamin injections, homeopathic patches, compounded hormones, etc., as well as alternative diagnostic testing methods to evaluate for food sensitivities, intestinal pathogens, metabolic imbalances, heavy metal exposure, etc. I am specifically seeking Dr. Woeller and/or Dr. Tranchitella's specific knowledge in these areas for mine or my child's health.

I understand that Dr. Woeller and/or Dr. Tranchitella may employ interventions (treatment and/or testing) that may not be always be considered “Evidence Based Medicine” (EBM) by some in the conventional medical community. Evidenced based medicine relies heavily on peer-reviewed research and clinical trials. However, not everything in “alternative” medicine can be deemed EBM from a conventional medicine standpoint as it relies on doctor’s clinical experience with a particular therapy or hasn’t been fully funded or peer reviewed through research. This doesn’t mean therapies and testing that are not viewed as EBM are not effective or dangerous, but provides other options for health improvement.

I agree that there are various definitions of “Evidence Based Medicine” and often times they are too constrictive for my personal health pursuits and wish to broaden the therapeutic and diagnostic options for myself and/or my child.

I understand that these “alternative” methods under some circumstances could aggravate pre-existing conditions, and produce a range of side effects, such as allergic or hypersensitivity reactions to botanical medicines, nutritional supplements (which can come from plant, animal, mineral and other sources), and medical foods. Under rare conditions, severe illness could result. I willfully choose to explore this expanded approach for myself or my child to uncover and address therapeutically in order to help overcome my (or my child’s) health issues.

I fully understand that botanical and nutritional supplements, homeopathic remedies and medical foods that may be suggested, are often considered safe when taken as instructed in the practice of “alternative” medicine. I am aware that it is extremely important that I follow the suggested dosing when taking botanical and nutritional supplements, hormones and medical foods, etc. because some items may be toxic when taken in large doses.

I understand that all these substances need to be prepared and consumed according to the instructions provided orally and in writing. Some preparations may have an unpleasant smell or taste. Some products may be inappropriate during pregnancy or prior to surgery, and I will immediately notify the doctor if I become aware that I am pregnant or am planning a surgical procedure. Because of the possibility of adverse drug-herb interactions, I agree to inform the doctor of all drugs – prescription and recreational – and herbs I am currently taking.

I agree to maintain my own primary care physician, or my child’s pediatrician (primary care doctor) with the understanding that Dr. Woeller and/or Dr. Tranchitella do not provide primary health care or after hour’s coverage for emergencies.

It is my understanding that consulting with Dr. Woeller and/or Dr. Tranchitella via phone and/or Skype (or other internet communication system) without having seen them in person or my child seeing them in person does not constitute them as “treating doctors.” In this role they are acting solely as a health education information consultant for providing suggestions, ideas and feedback based on their clinical and professional experience for health improvement. Both Dr. Woeller and Dr. Tranchitella cannot provide prescriptions for individuals they have not physically seen first. These health education consults are not intended to:

- *Diagnose or treat any disease or condition*
- *Manage health care*
- *Provide medical services*
- *Initiate a doctor-patient relationship*

If laboratory data is assessed or obtained, suggestions may be set forth for health information only based on the objective data from the lab test. However, this does not constitute a specific diagnosis.

I understand and desire to have Dr. Woeller and/or Dr. Tranchitella provide their interpretation skills for my or my child’s laboratory testing and provide their suggestions for health improvement for myself and/or my child, but that I am solely responsible for doing my own research, asking for second opinions from other health professionals if I choose, and sharing information with mine or my child’s personal primary care doctor before implementing any diet, nutritional supplements or lifestyle change suggestions.

It is my understanding that consulting via Skype (or other similar online communication system or via Skype Phone or other online phone system), Cellphone, or Hard-Line Phone may not be 100% secure from privacy invasion. I accept and acknowledge this reality for the purpose of my convenience and time efficiency in consulting with Dr. Woeller and/or Dr. Tranchitella through tele-health education avenues.

Any application of suggestions set forth via my consultations with Dr. Woeller and/or Dr. Tranchitella for my personal health care or my child’s health care such as the use of supplements, herbs, dietary changes, medications, and/or lifestyle changes is done so at my sole risk and responsibility and I understand that Dr. Woeller and/or Dr. Tranchitella do not provide a guarantee of cure or recovery of mine or my child’s health issues.

**If 18 years and older (legal adult):**

Signature: \_\_\_\_\_ date: \_\_\_\_\_

If a representative is signing on behalf of the individual (whether they are a minor child or disabled adult who is incapable of making personal medical decisions) please indicate the nature of your relationship to the individual. All parents or legal guardians must sign. Please note that these signatures constitute consent for consultation, education, and/or treatment.

**Mother:**

Do you have *legal medical decision making authority*? (check 'yes' or 'no'): \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Father:**

Do you have *legal medical decision making authority*? (check 'yes' or 'no'): \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Caregiver (other than mother and father, if applicable):**

Do you have *legal medical decision making authority*? (check 'yes' or 'no'): \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Legal Custody (must indicate who has legal custody):**

If parents of the minor child are not married, who had legal custody?

\_\_\_\_\_

With whom does minor child live with?

\_\_\_\_\_

\_\_\_\_\_

If individual is a disabled adult where do they live? \_\_\_\_\_

\_\_\_\_\_