

PATIENT MANUAL



CLASSICAL NATUROPATHIC MEDICINE

An Introduction to the therapeutics
and diagnosis of a classical
naturopathic physician

Dr. Letitia Dick-Kronenberg, N.D., B.S.

INTRODUCTION

This manual is to provide you, the patient, an introduction to the therapeutics and diagnosis of a traditional naturopathic physician.

The Windrose Naturopathic Clinic carries on the traditions of Dr. Otis G. Carroll and Dr. Harold Dick under the direction of Dr. Letitia Dick-Kronenberg. This application of naturopathy is founded in scientific principles and laws of nature.

Please read this manual for clarification of procedures or therapies prior to your office visit at Windrose Clinic. Our doctors will assume that you have some basic understanding of these procedures.

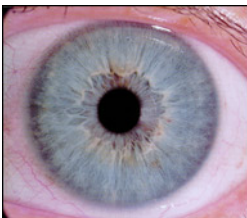
HISTORY

Dr. Otis G. Carroll, or “OG” as he was often called, developed the food intolerance method, the constitutional hydrotherapy, and compounded many herbal capsules and salves utilized by the Windrose Naturopathic Clinic. Dr. Carroll trained Dr. Harold Dick who started this clinic in 1959. Dr. Dick graduated from Western States Chiropractic College with licenses in chiropractic and naturopathic medicine in 1956. He then completed a 3-year residency with Dr. Carroll in Spokane, WA.

Dr. Dick’s daughter, Dr. Letitia Dick-Kronenberg, graduated from Eastern Washington University magna cum lauda with a BS in biology in 1985. She then attended the National College of Naturopathic Medicine and graduated with a Doctorate of Naturopathic Medicine in 1990. After a 3-year residency with Dr. Harold Dick, Dr. Letitia Dick-Kronenberg became clinic director of the oldest continually operated classical naturopathic clinic in the United States. Windrose Naturopathic Clinic, now over 65 years in business, provides the ultimate in traditional naturopathic care.

NATUROPATHIC TECHNIQUES

IRIDOLOGY



Iridology, or Iris Diagnosis, is a way to look at the fibers of the eyes and determine weakness, ulceration, or inflammation of organ tissues. This is an old technique that is often misunderstood. A practitioner cannot diagnose a disease such as lung cancer by looking in someone’s eyes. However, what can be seen is an

inflammatory process or irritation in that area in the iris which corresponds to the lung tissue of the body. So, basically there are areas of the iris (the colored part of the eye) which correspond to the different parts of the body. For example: By seeing loose or gapping iris fibers in the liver area it is then determined that there is liver irritation or inflammation. By identifying weak areas of the metabolism a treatment protocol can be developed for each individual person based upon their needs.

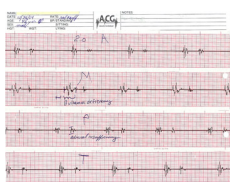
FOOD INTOLERANCE

Our Food Intolerance method was originated by Dr. Carroll to determine a person's food incompatibilities. Dr. Carroll began his method in the 1920's and since then tens of thousands of patients have proven outcome reliability. The food intolerance determines a patient's metabolic compatibility with particular food groups or combinations of foods. This is very different than allergy testing, which determines antigen / antibody immune responses. Allergy test results can change rapidly from day to day in a patient and also very greatly from one medical lab to another; yielding a very unreliable result. Our food intolerance method bypasses this vague allergy testing, getting to the root of the problem, toxemia, which stems from improper digestion of a specific food type or combination of foods.

The majority of patients we treat have one main food intolerance that they need to avoid completely in their diet, as well as one combination of foods that they must keep separate in their diet by 4 to 8 hours. The time separation is variable and depends on your age or digestive rate. An example of a typical food intolerance would be a main intolerance to dairy with a combination problem of fruit and sugar. Avoiding these foods, if this was your intolerance, would allow your metabolism and immune system to function more optimally, allowing the healing process of nature to occur. This is the core component to your healing. Knowing and adhering to your food intolerance avoidance diet will put you on a path to sustainable health.

With our food intolerance procedure being done now for over 100 years, we can say with out a doubt, that a person's food intolerance is the #1 cause of illness of any kind. You must begin with how you digest and assimilate your nutrition if you want to heal. If the food is not working for you, it is working against you. If improperly digested, the food intolerance will sap your strength, divert your immune system, and stimulate a disease process, affecting the weakest area of your metabolism. This is why one person will have asthma and someone else will have arthritis. The toxins from the improperly digested food will affect any tissue that can't resist it.

ACOUSTIC CARдиоGRAPH



The Acoustic Cardiograph (ACG) was invented by the renowned Dr. Royal Lee (who also founded Standard Process Labs, a whole food nutritional supplements company). In the 1930's – 50's doctors were trained to diagnose many disease processes by listening to the heart tones. The rhythm, rate, and tone of the heart all relate to the health and status of other organs. Much like an acupuncturist diagnosing by feeling the pulse at your wrist, naturopathic doctors diagnosed by listening to the high, low, sharp, dull, or bounding sounds of the heart. Dr. Lee created a listening device called the Endo Cardiograph to put onto paper a graph of what the doctors were diagnosing by listening. This current, more sensitive device is the acoustic cardiograph, or ACG. Dr. Dick-Kronenberg will utilize both the cardiograph analysis as well as listening to your heart with the stethoscope to monitor your nutritional and digestive progress.

HOMEOPATHY

Homeopathy was originated by Dr. Samuel Hahnemann. This medicine is over 200 years old and is utilized as primary medicine in the majority of the world. Homeopathy is a scientific application of minute amounts of a substance (plant, animal, or mineral) to stimulate the metabolism to correct its imbalance. This is accomplished via the theory that “like cures like” We utilize a small amount of a substance that in a huge dose can cause the same symptoms it is chosen to cure.

Homeopathic remedies are in a liquid form or pellets and are dosed based upon the severity or deepness of the condition. For example, Pneumonia with a fever may require Phosphorous 30C, 3 pellets every hour whereas an arthritic knee problem may require Rhus Tox 30C, 3 pellets given once a week. Homeopathic remedies are curative, not simply palliative. There are many books and remedy kits available if you are interested in utilizing this safe and effective therapy for yourself or your children at home. Please inquire if you would like more information on homeopathy. At Windrose Clinic, we prescribe homeopathic remedies based upon your unique and individual symptoms.

BOTANICAL MEDICINE

Botanical Medicines come in many forms. Herbs can be extracted into alcohol which gives us a tincture, or powdered and put into capsules, or boiled and drunk as a tea.

Windrose clinic utilizes many botanical formulas created by O.G. Carroll. Dr. Carroll was exceptionally proficient at combining herbs to achieve specific affects. For this reason Dr. Harold Dick and now Dr. Letitia Dick-Kronenberg, have kept the compounding formula of these capsules and teas the same.

A list of some of the standard “Carroll Capsules” and “Carroll Salves” are available and you may purchase these any time you need them. Other botanical medicines will be compounded and prescribed to you if they are needed for your therapy.

CONSTITUTIONAL HYDROTHERAPY



Constitutional Hydrotherapy is by far the most effective therapy for stimulating the immune system and achieving total body detoxification. It has been used for years to detoxify heavy metal exposure, pesticide/herbicide toxicity, and the daily toxic buildup of improper diet and life style. Dr. Carroll combined hot and cold contrast towel applications (the Father Kneipp water cure) with various electrical physical therapy stimulations to achieve a remarkable healing therapy. OG called this a “constitutional hydrotherapy,” because, as he stated, “the therapy changes the very constitution of each individual cell.” This means that each cell in your body is stimulated to dump waste products, to utilize nutrition more efficiently, and to work more effectively. You can rebuild your metabolism, regenerate your blood and health with this amazing therapy.

Studies recently done at the National College of Naturopathic Medicine and Windrose clinic determined that the constitutional hydrotherapy will raise a low basal body temperature, moderate low or high blood sugar, and moderate high or low blood pressure. Remarkably, an increase in white blood cell count by 10,000 more cells on average in circulation is seen within 6 hours after only one hydrotherapy. This is a rapid way to boost your immune function and fight any infection-- including antibiotic resistant bacteria (like MRSA).

This simplistic therapy utilizing alternating hot and cold towel application to the chest and to the back with a series of sine wave or diathermy physiotherapy is utilized for acute infections such as sinusitis, whooping cough, pneumonia as well as chronic conditions such as asthma, psoriasis, irritable bowel, crohn’s disease, or arthritis.

At the Windrose Clinic we are proud to provide the constitutional hydrotherapy in its original form as Dr. Carroll instructed. This therapy will be individualized for your needs or health concerns as Dr. Dick-Kronenberg first diagnoses your status by listening to your heart and digestive tones with the stethoscope.

MANIPULATION

Windrose Naturopathic Clinic utilizes a soft tissue manipulation called the Bowen Technique. Dr. Letitia Dick-Kronenberg learned the Bowen Technique from Dr. Oswald Rentsch, DO of Australia. This manipulation is a gentle maneuver of the muscles and tendons at particular acupuncture points which allows blood flow to normalize in injured tissue. When this is performed, the body can realign itself and more readily heal an injury. The quicker a Bowen manipulation can be accomplished following an injury the more dramatic the result. For example, a sprained ankle can be corrected with Bowen immediately. There will be no swelling or pain within 15 minutes of the adjustment and the person can then walk normally. This is a normal result of Bowen therapy.

Long standing conditions such as dislocated hips, frozen shoulders, or misplaced temporal mandibular joints of the jaw have been quickly corrected without long hours of physical therapy or surgery. For more information on the Bowen Manipulation you may contact the international Bowen association on-line at www.Bowtech.com.

ADDITIONAL SERVICES AT WINDROSE CLINIC

IV Nutrition, hyperbaric oxygen therapy (HBOT), and Bio-identical hormone therapy are also provided on-site at Windrose Clinic.

We provide pharmaceutical grade nutrition specific to individual food intolerance diets and customize herbal and homeopathic remedies for your needs.

We provide acupuncture with our licensed Chinese Medicine practitioner.

We refer for Breast Thermography and Kivanna Care Breast Ultrasound.

Please ask us about these diagnostic and therapeutic prescriptions for your health care, or search our web site at www.WindroseClinic.com

SUMMARY

I hope this has helped you understand classical naturopathic practice and application. Please ask any questions you may have. You are responsible for your health. Nature can only heal with your help.

In health,

A handwritten signature in black ink that reads "Dr. Letitia Dick". The signature is written in a cursive, flowing style with a large initial "D".

Dr. Letitia Dick-Kronenberg



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SPOKANE, WA 99205

(509) 327-5143

WWW.WINDROSECLINIC.COM

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Windrose Naturopathic Clinic

Family Practice – Preventative Care
1023 W Francis Ave, Spokane WA 99205
(509)327-5143 (phone), (509)327-9813 (fax)



Today's Date: _____

CONFIDENTIAL NEW PATIENT INFORMATION

Name: _____ Age: _____ DoB: _____
Phones: Home _____ Cell _____ Work: _____
Street: _____ SS#: _____
City: _____ St: _____ Zip : _____
Employer: _____ Height: _____ Weight: _____
Occupation: _____ Retired? _____ Level of education? _____
Email: _____

Just a few details please: (check all that apply)

- Male (at birth) Female (at birth) gender specification _____
 Married Divorced Single Widowed Newly Separated Domestic Partnership

Current Physician(s)

Name: _____ Phone: _____
Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Phone: _____ Relationship: _____
Address: _____ City, State, Zip _____

PERMISSION FOR ALTERNATIVE CONTACT

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address and phone number: _____ Address and phone number: _____

Permission Level: All Access Appointments only Medicinary Items

Please tell us how you found us: referred by family/ friend internet search drive by

Have you seen a Naturopath before? _____ If yes, what ND have you been to in the past? _____

Are you currently taking any particular homeopathics or protocols from this Naturopath? _____

May we ask for request of records from this doctor for continuation of care? _____ (please provide contact information to do so).

YOUR PRESENT HEALTH

Please tell us about your health concerns, history and family. Our health care and preventative medicine are only possible when we have a complete understanding of your physical, mental and emotional state.

First of all, do you have any special needs? No Yes: _____

What are your goals in coming to see us today: _____

What are your most important health problems? *(List as many as you can in order of importance)*

MEDICATIONS, SUPPLEMENTS, & DIET

Please list your basic diet: _____

Do you have any known allergies? No Yes: _____

Smoke? No Yes: How many per day? _____

Coffee? No Yes: How much per day? _____

Colas? No Yes: How much per day? _____

Teas? No Yes: How much per day? _____

Alcohol? No Yes: How much per day? _____

Rec. Drugs? No Yes: How much per day? _____

Water? No Yes: How much per day? _____

Other? No Yes: How much per day? _____

Please tell us about any accidents, injuries, surgeries, hospitalizations, traumas, etc you may have had. _____

Did you ever have: Scarlet Fever Rheumatic Fever Diphtheria Mumps Measles German Measles

Other: _____

Have you ever had (STDs): Chlamydia Gonorrhea HPV Herpes HIV Syphilis Vaginal Warts

X-Rays & Special Studies: : X-Rays CAT Scans MRI's When: _____

Immunizations

	Diphtheria	MMR	Polio	Pertussis	Tetanus	Covid-19 (Specify Brand)
Yes						
No						

Other: _____

Current Medications

Do you take or use?	Antacids	Appetite Suppressants	Cortisone	Laxatives	Pain Relievers	Sleeping Pills	Thyroid	Tranquillizers
Yes								
No								

Other (List all that you are currently taking. Use a separate sheet of paper if needed.)

YOUR FAMILY HISTORY

	Father	Mother	Grandparent	Sibling	Other (specify)
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Hay Fever, Hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Age at Death	_____	_____	_____	_____	<input type="checkbox"/> _____
General Health	_____	_____	_____	_____	<input type="checkbox"/> _____

G=good, P=poor

HEALTH HISTORY

Painful Menses	<u>Y</u>	<u>N</u>
Vaginal problems	<u>Y</u>	<u>N</u>
Excessive Flow	<u>Y</u>	<u>N</u>
Birth Control	<u>Y</u>	<u>N</u>

What Type?

Number of Pregnancies	<input style="width: 40px; height: 20px;" type="text"/>
Number of Live Births	<input style="width: 40px; height: 20px;" type="text"/>
Number of Miscarriages	<input style="width: 40px; height: 20px;" type="text"/>
Number of Abortions	<input style="width: 40px; height: 20px;" type="text"/>

Difficulty Conceiving	<u>Y</u>	<u>P</u>	<u>N</u>
Menopausal Symptoms	<u>Y</u>	<u>P</u>	<u>N</u>
Are you sexually active?	<u>Y</u>	<u>P</u>	<u>N</u>
Sexual Difficulties	<u>Y</u>	<u>P</u>	<u>N</u>
Venereal Disease	<u>Y</u>	<u>P</u>	<u>N</u>

Please check one of the following options:

Heterosexual	<input style="width: 30px; height: 20px;" type="checkbox"/>
Bisexual	<input style="width: 30px; height: 20px;" type="checkbox"/>
Homosexual	<input style="width: 30px; height: 20px;" type="checkbox"/>

Breasts

Do You Self-Exam	<u>Y</u>	<u>P</u>	<u>N</u>
Lumps	<u>Y</u>	<u>P</u>	<u>N</u>
Pain (or tenderness)	<u>Y</u>	<u>P</u>	<u>N</u>
Nipple discharge	<u>Y</u>	<u>P</u>	<u>N</u>

Male Reproductive

Hernias	<u>Y</u>	<u>P</u>	<u>N</u>
Testicular Masses	<u>Y</u>	<u>P</u>	<u>N</u>
Testicular Pain	<u>Y</u>	<u>P</u>	<u>N</u>
Penis problems	<u>Y</u>	<u>P</u>	<u>N</u>
Are you sexually active?	<u>Y</u>	<u>P</u>	<u>N</u>
Sexual Difficulties	<u>Y</u>	<u>P</u>	<u>N</u>
Prostate Disease	<u>Y</u>	<u>P</u>	<u>N</u>
Venereal Disease	<u>Y</u>	<u>P</u>	<u>N</u>
Discharge or Sores	<u>Y</u>	<u>P</u>	<u>N</u>

Please check one of the following options:

Heterosexual	<input style="width: 30px; height: 20px;" type="checkbox"/>
Bisexual	<input style="width: 30px; height: 20px;" type="checkbox"/>
Homosexual	<input style="width: 30px; height: 20px;" type="checkbox"/>

Musculoskeletal

Joint Pain or Stiffness	<u>Y</u>	<u>P</u>	<u>N</u>
Arthritis	<u>Y</u>	<u>P</u>	<u>N</u>
Broken Bones	<u>Y</u>	<u>P</u>	<u>N</u>
Muscle Spasms	<u>Y</u>	<u>P</u>	<u>N</u>
Weakness	<u>Y</u>	<u>P</u>	<u>N</u>

Peripheral Vascular

Deep Leg Pain	<u>Y</u>	<u>P</u>	<u>N</u>
Cold Hands and Feet	<u>Y</u>	<u>P</u>	<u>N</u>
Varicose Veins	<u>Y</u>	<u>P</u>	<u>N</u>
Thrombophlebitis	<u>Y</u>	<u>P</u>	<u>N</u>

Neurologic

Fainting	<u>Y</u>	<u>P</u>	<u>N</u>
Seizures	<u>Y</u>	<u>P</u>	<u>N</u>
Paralysis	<u>Y</u>	<u>P</u>	<u>N</u>
Muscle Weakness	<u>Y</u>	<u>P</u>	<u>N</u>
Numbness or Tingling	<u>Y</u>	<u>P</u>	<u>N</u>
Loss of Memory	<u>Y</u>	<u>P</u>	<u>N</u>

Emotional

Depression	<u>Y</u>	<u>P</u>	<u>N</u>
Mood Swings	<u>Y</u>	<u>P</u>	<u>N</u>
Anxiety	<u>Y</u>	<u>P</u>	<u>N</u>
Tension	<u>Y</u>	<u>P</u>	<u>N</u>

Endocrine

Hypothyroid	<u>Y</u>	<u>P</u>	<u>N</u>
Heat or Cold Intolerance	<u>Y</u>	<u>P</u>	<u>N</u>
Excessive Thirst	<u>Y</u>	<u>P</u>	<u>N</u>
Excessive Hunger	<u>Y</u>	<u>P</u>	<u>N</u>

Blood

Anemia	<u>Y</u>	<u>P</u>	<u>N</u>
Easy Bleeding or Bruising	<u>Y</u>	<u>P</u>	<u>N</u>

Habits

What are your main hobbies and interests?

Do You Exercise? Y N

What Forms?

How often do You Exercise?

Do you eat three meals daily? Y N

Awaken rested Y N

Sleep well Y N

Average 6-8 hours' sleep Y N

Enjoy your work Y N

Spend time outside Y N

Watch television Y N

How many hours a day

Read Y N

How many hours a day

Take vacations Y N

Been treated for drug dependence Y N

Use recreational drugs Y N

Use alcoholic beverages Y N

Been treated for alcoholism Y N

Use tobacco Y N

Yes/Past/No

HEALTH HISTORY

Surgeries / Hospitalizations: Have you had any of the following surgeries? *(Please select all that apply and indicate the month and year, MM/YY)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Appendectomy, Date: _____ | <input type="checkbox"/> C-Section, Date: _____ | <input type="checkbox"/> Small Intestine Surgery, Date: _____ |
| <input type="checkbox"/> Brain Surgery, Date: _____ | <input type="checkbox"/> Eye Surgery, Date: _____ | <input type="checkbox"/> Spine Surgery, Date: _____ |
| <input type="checkbox"/> Breast Surgery, Date: _____ | <input type="checkbox"/> Fracture Surgery, Date: _____ | <input type="checkbox"/> Tonsillectomy, Date: _____ |
| <input type="checkbox"/> CABG, Date: _____ | <input type="checkbox"/> Hernia Repair, Date: _____ | <input type="checkbox"/> Tubal Ligation, Full, Date: _____ |
| <input type="checkbox"/> Cholecystectomy, Date: _____ | <input type="checkbox"/> Hysterectomy, Full, Date: _____ | <input type="checkbox"/> Valve Replacement, Date: _____ |
| <input type="checkbox"/> Colon Surgery, Date: _____ | <input type="checkbox"/> Joint Replacement, Date: _____ | <input type="checkbox"/> Vasectomy, Date: _____ |
| <input type="checkbox"/> Cosmetic Surgery, Date: _____ | <input type="checkbox"/> Prostate Surgery, Date: _____ | <input type="checkbox"/> Other: _____, Date: _____ |

Do you have any implants, artificial joints or discs, metal or anything that could impact therapy or imaging? Yes No

If YES, please describe: _____

Please indicate if you have any breast implants, silicone injections, botox, or IUD's. This is CRITICAL for your doctor to know these particular body implements because we use therapy devices such as Diathermy that may be contraindicated in your care if you have ANY of these in your body.

I have fully disclosed any implants, inner body appliances, or metal staples, meshes, or joint repairs _____ initial.

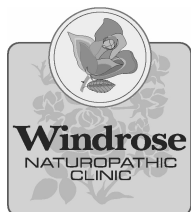
RESEARCH RELEASE

The naturopathic community is continually interested in furthering the goal of naturopathic medicine through scientific investigations and research. Would you consent to our use of your medical records by qualified investigators under protocols approved by an appropriate Institutional Review Board and/or utilized for teaching purposes? Your anonymity will be guaranteed.

Yes No

Date

Patient Signature



Windrose Naturopathic Clinic

Family Practice – Preventative Care

1023 W Francis Ave, Spokane WA 99205 (509) 327-5143 (509) 327-9813 (fax)

INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize the doctor's of The Windrose Naturopathic Clinic to perform the following specific procedures as necessary to facilitate my diagnosis and treatment(s):

Common diagnostic procedures: including but not limited to general physical exams, PAP smears, urine lab work.

Minor office procedures: e.g., dressing a wound, ear cleaning.

Medicinal use of nutrition: therapeutic nutrition, nutritional supplementation, injections of nutrition.

Botanical medicine: botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, crèmes, plasters, or suppositories.

Homeopathic medicine: the use of highly dilute quantities of naturally occurring elements to gently stimulate the body's healing responses, given orally, topically or by injection.

Lifestyle counseling and hygiene: promotion of wellness including recommendations for exercise, sleep, contraception, and stress reduction.

Psychological Counseling and /or the ordering of lab procedures, referral for x-ray, MRI, or other imaging, thermal imaging.

Naturopathic manipulation: specific manipulation of muscles and joints or soft tissue.

Naturopathic physiotherapy / hydrotherapy: the use of electromagnetic therapies, water applications, thermal or cryo-applications to stimulate healing.

Prescription of pharmaceuticals and / or bio-identical hormones.

I understand that treatment by a naturopathic doctor is intrinsically different from treatment by a conventional medical doctor. While naturopathic medicine is intrinsically safer than other systems of medicine, there are potential risks in what we do as well. The care we provide may or may not, be directed at a specific disease or disorder. It may be preventative in nature, designed to improve overall health and well-being, and restore your body's innate healing ability. We will always strive to provide full disclosure of all information relevant to your health care.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: allergic reactions to prescribed herbs and supplements, side effects of natural medications, healing reaction as defined below, inconvenience of lifestyle changes, injury from injections, venipuncture or procedures.

Healing Reaction: Natural healing may occasionally generate a "healing reaction." If this is anticipated, we will offer you specific information about this phenomenon. Generally this will occur as a flu-like state with fever or a worsening of symptoms for a few days. It can also, however be different than this and may require expert attention and guidance.

Potential benefits: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

With this knowledge, I voluntarily consent to the above procedures and that I realize that no guarantees have been given to me by the doctor's or staff of The Windrose Naturopathic Clinic regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

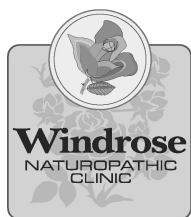
Privacy Notice: The Windrose Naturopathic Clinic is required by law to respect your privacy by following specific HIPPA guidelines. A "Notice of Privacy Practices" document is available upon request.

Date

Patient Signature or Legal Guardian

Date

Doctor's Signature



Windrose Naturopathic Clinic

Family Practice – Preventative Care

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FEES & FINANCIAL AGREEMENT

You have come to us for results. Like many before you, this has been a long journey and, more often than not, you have tried other medical solutions with little or no relief. We don't treat symptoms with drugs that simply mask your underlying causes. **We DO treat the underlying causes of your illness.**

We practice medicine differently from the typical medical model. First of all, we take considerably more time with you. Most of our appointments are reserved for about an hour. This is so we can thoroughly evaluate your concerns and talk with you about your healing plan. We dedicate our time with you for a full understanding of your condition and concerns.

We also compound on-site, custom remedies and homeopathic treatments that are tailored to each individual patient. Further, we have on-site therapeutic treatment capabilities.

Because we operate entirely different from the typical medical office, we have found most insurance programs do not adequately compensate us for the time we take with all our patients. Consequently, we do not bill insurance plans. Some insurance plans may reimburse you for our care. It is up to you to submit our bill to your insurance carrier if you so choose. **In any event, complete payment for our services is due on the date of your visit.**

Here is a brief example of our typical office fees:

Dr. Tish: Typical first office visit includes: 2 one hour visits that fully evaluate food intolerance, Iris diagnosis, Acoustic Cardiograph, and a full case history followed by a 1 hour report of findings and plan of treatment.	\$ 550.00
Dr. Harrison: Typical first office visit includes: 2 one hour visits that fully evaluate food intolerance, Iris diagnosis, Acoustic Cardiograph, and a full case history followed by a 1 hour report of findings and plan of treatment.	\$ 450.00
General returning patient office visit (1hr); including ACG	\$ 275.00
Bio-identical hormone evaluation (w/ added lab fees as necessary, varies depending on specific panels) and result consultation.	\$ 145.00 (30 min.) \$ 195.00 (60 min.)
Report of Digital Thermal Imaging and plan of therapy (60 minutes)	\$ 195.00
Hyperbaric Oxygen Therapy (1hr)	\$ 155.00
Constitutional Hydrotherapy Treatments (1hr)	\$95.00/or decrease package prices
Compounded therapeutic treatment remedies and / or supplements	\$ varies

*Fees for medical services not listed are available upon request. Laboratory fees are not included in above fee schedule.

Cancellation Policy: Patients will be billed for any appointment cancelled with less than 24 hours notice. There is a \$125.00 missed appointment fee.

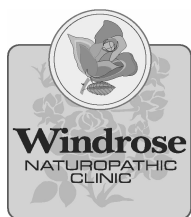
I understand that I am wholly and personally responsible for **payment on date of service**. The Windrose Naturopathic Clinic is not a participant in Medicare or insurance plans. I realize that I may request the attending physician's statement of diagnosis and services provided to me, which I may submit to my insurance company for reimbursement of the treatment cost, as may be provided by my plan. The Windrose Naturopathic Clinic does not guarantee that I will receive reimbursement from my insurance carrier. I understand that Windrose Naturopathic Clinic, at it's option, may charge me interest on any unpaid balances.

I have read and agree to the financial terms and cancellation policy above:

Date

Patient Signature

Social Security



Windrose Naturopathic Clinic

Family Practice – Preventative Care

1023 W Francis Ave, Spokane WA 99205 (509) 327-5143 (509) 327-9813 (fax)

Other Services		
Limited office visit (15 minutes)		\$ 115.00
Intermediate office visit (30 minutes)		\$ 145.00
Extended office visit (60 minutes)		\$ 195.00
Comprehensive office visit (90 minutes)		\$ 280.00
Phone Consult w/treatment Short (15 minutes)		\$ 115.00
Phone Consult w/treatment Medium (30 minutes)		\$ 145.00
Phone Consult w/treatment Long (60 minutes)		\$ 195.00
Well Woman Exam w/Pap		\$ 165.00
Vaginal Pack Therapy		\$ 115.00
Acoustic Cardiograph		\$ 80.00
Bowen Manipulation (1 hr)		\$ 145.00
Acupuncture 1st visit (90 minutes)		\$ 150.00
Acupuncture return visit (45-60 minutes)		\$ 115.00
Acupuncture reevaluation visit (1 hr)		\$ 135.00

Telehealth

Telehealth is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using information and communication technologies.

Telehealth uses health information for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

During the Telehealth health service, details of your medical history, examinations, x-rays, and tests may be discussed using interactive video, audio and/or telecommunications technology.

All existing laws regarding privacy and security of your health information and copies of your medical records apply to this Telehealth health service and the audio and video information transmitted.

Windrose Clinic will do our best to protect the confidentiality of the patient identification and imaging data.

Initials _____