



INFORMED CONSENT FORM

1. I Understand that Tree of Life Integrative Family Medicine does not perform primary care. We are happy to work with your care team to ensure seamless care.
2. I understand that Tree of Life Integrative Family Medicine therapies are not a substitute for conventional medical treatments or medications.
3. By seeking care at Tree of Life Integrative Family Medicine, I agree to follow up with my primary care or referring physician on a regular basis to ensure adequate oversight of care.
4. The information collected during my visit may become part of my regular medical record and discussed with my health care team.

DESCRIPTION OF TREE OF LIFE INTEGRATIVE FAMILY MEDICINE MODALITIES:

- **Meditation**

is the psychological process or technique of bringing one's attention to internal and external experiences together in a way that promotes awareness, mindfulness, and healing.

AGREEMENT TO HAVE SERVICES:

- I agree to have Tree of Life Integrative Family Medicine services. This may include
 - Techniques such as meditation



ASSOCIATED RISKS

Patients with severe mental health conditions should consult with their Psychiatrist prior to practicing mind-body therapies such as meditation.

1. I understand that it is extremely important to tell the provider about any known physical or medical conditions and medications I am taking, and let the provider know about any recent changes. I understand there may be additional risks applicable to me based on my physical and/or medical history conditions.
2. I will notify the provider and her/his affiliates who are caring for me if I am or become pregnant.

This document applies to each visit with any and all providers with the program (Physician, Nurse Practitioner, Nurse, or Health Coach).

By voluntarily signing below, I acknowledge that I have read, or have had read to me, the above informed consent, and understand and accept these statements.

PRINTED NAME of Patient or Legally Authorized Representative

SIGNATURE of Patient or Legally Authorized Representative

Date