



NATUROPATHIC SPECIALISTS. LLC

Understanding Regarding Physical Exams

Patient Name: _____

Full Address: _____

Telephone Number: _____

Understanding and Consent

By signing below, I _____, understand that by the very nature of phone consultation, the physician's providing the consultative services are unable to perform a physical exam on a patient. However, physical exams can reveal, to the physician, about the patient, important aspects about the patient. Since the physicians at Naturopathic Specialists are unable to perform physical exams during a phone consultation I agree to furnish Naturopathic Specialists with a written copy of my most recent physical exam performed by one of my physicians and to provide Naturopathic Specialists with a phone number for such physician. Please note that Naturopathic Specialists must have this information prior to your phone appointment.

Signature _____ Date _____

Printed Name _____