



Dynamic Paths, LLC
Kristen Allott, ND, L.Ac. and Associates

Mailing Address:

PMB6604
10002 Aurora Ave. N. #36
Seattle, WA 98133

Clinic Address:

943 N. 89th Street
Seattle, WA
Phone: 206-579-2757

Contact Information:

Fax: 206-985-2240
Web: dynamicpaths.com
allott@dynamicpaths.com

Dear Prospective Patient,

At Dynamic Paths, we are looking forward to meeting you and assisting you with meeting your health goals. In order to make our time together more efficient, here are a list of forms that will need to be completed. I apologize for the amount of paperwork that needs to be completed. If it is overwhelming to complete this or if you have questions, come in anyway, and we will assist you.

Here is the list of the items which will be eventually needed.

All the forms in this document.

- _____ Registration Form
- _____ HIPPA Agreement (HIPPA Information is on the website)
- _____ Map of location and site diagram for
locating the waiting room
- _____ Informed Consent form

Please also print:

- _____ Intake Form, please fill out for the first appointment

Also bring:

- _____ Checkbook or cash
- _____ Any labs that you have in the last six months

Thank you in advance, for being prepared so that our initial appointment will be as productive as possible.

Sincerely yours,
Dr. Kristen Allott, ND, L.Ac
Dynamic Paths, LLC

Dynamic Paths, LLC.

Empowering You To Meet Your Health Care Goals

Registration Information

First Office Visit Date: _____

Patient: _____ Date of Birth: _____ Age: _____
Last Name First Name

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Can a message be left at either number: Yes ___ No ___ Details: _____

Can Dynamic Paths contact you by mail? Yes ___ No ___ Details: _____

Can Dynamic Paths contact you by email? Yes ___ No ___ Details: _____

Would you like to be added to Dynamic Paths email newsletter? Yes ___ No ___

Email Address: _____

Your information will never be sold to other vendors.

Street Address: _____

City: _____ State: _____ Zip: _____

Place of Birth: _____ Ethnic Heritage by Birth: _____

Gender: Female ___ Male ___ Trans-gendered ___

Occupation: _____ Employer: _____

Check all that apply: Minor ___ Single ___ Married ___ Partner ___ Divorced ___

Widowed ___ Separated ___ Live Alone ___ Live with People: _____

Live with animals: ___ What kind: _____

Name(s) of Legal Guardian or Authorized Representative _____

Please provide documents to prove you have the authority to sign on the behalf of the client.

Emergency Contact: _____ Phone: _____

Known Allergies: _____

Whom may I thank for referring you: _____



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Acknowledgment of Receipt Notice of Privacy Practices

By my signature below I, _____, acknowledge that I received a copy of the notice of privacy practices for Dynamic Paths, LLC.

Signature of client (or personal representative)

Date

If you have any questions, please contact the HIPPA representative, Kristen Allott, ND, L.Ac. at the above contact information.

If this acknowledgment is signed by personal representative upon the with the approval of the client, complete the following information and provide documentation to prove authority to sign on behalf of the client:

Personal Representative's Name: _____

Relationship to the Client: _____

For Office Use Only

I attempted to obtain and acknowledgment of our notice of privacy practices, but the acknowledgment could not be obtained because:

- The individual refuse to sign
- Communication barriers prohibited obtaining the acknowledgment
- Emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

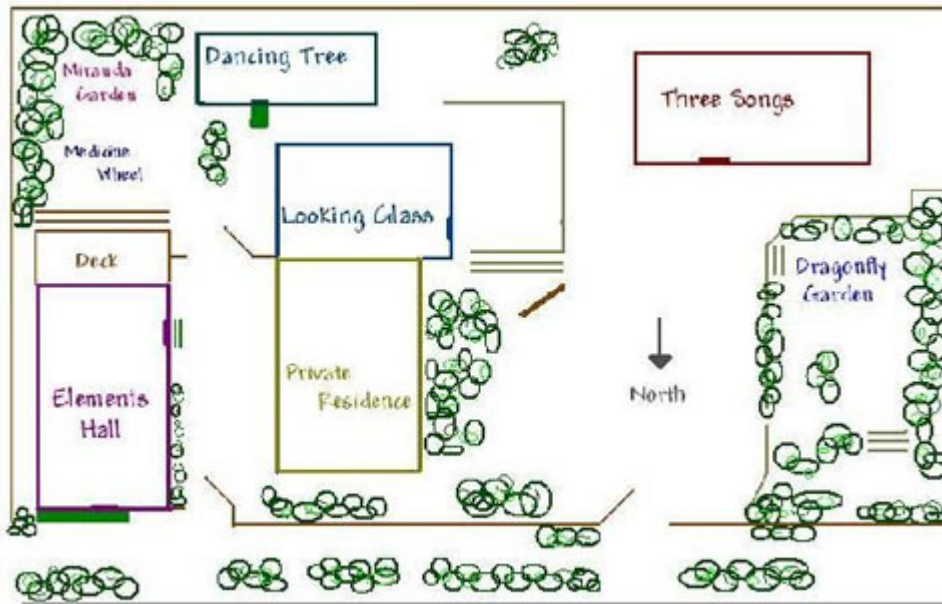
The client has exercised their right:

- To inspect and obtain a copy of their protected health information
- To request a restriction on use or disclosure of their protected health information
- To receive confidential communications by alternative means or alternate location
- To request an end/correction to their health record.
- To receive an accounting of certain disclosures we have made

The details of the client's requests will be found on the next pages in the chart.

Directions to the Waiting Room at Dynamic Paths

Map to Print



Driving Directions

Driving Directions to BodySong Healing and Arts Center

943 North 89th St.
Seattle, WA 98103

From I-5 (North or South): Take the 85th St. exit. Follow exit West, past two lights (crossing Wallingford and Aurora/Hwy. 99). Take next Right, onto Linden Ave., heading North. Drive four blocks, turn right onto 89th St. BodySong is on the South side of the street with a brown fence. Street parking only, please.

From Aurora/Hwy. 99 (Southbound): Turn Right onto 89th St. BodySong is just past Aurora Veterinary Hospital parking lot on the South side of the street with a brown fence. Street parking only, please.

From Aurora/Hwy. 99 (Northbound): Turn Left onto 90th St. Take next Left, onto Linden Ave., heading South. Drive one block, turn Left onto 89th St. BodySong is on the South side of the street with a brown fence. Street parking only, please.

The waiting room for Dynamic Paths is in the Three Songs Building. Please have a seat and Dr. Allott will be with you shortly.

Dynamic Paths, LLC.

Kristen Allott, ND, L.Ac and Associates

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PMB 6604 943 N. 89th Street
10002 Aurora Ave. N. #36 Seattle, WA
Seattle, WA 98133 Phone: 206-579-2757
Fax: 206-985-2240

Informed Consent and Request for Treatment with Naturopathic Medicine, Eastern Asian Medicine, and Nutrition

I, as a patient, have the right to be informed about my condition and recommended care. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care having had the opportunity to discuss the potential benefits, risks, and hazards involved.

I, _____, hereby request and consent (or for the patient named the below for whom I am legally responsible) to examination and treatment with Naturopathic Medicine, East Asian Medicine, and/or nutrition by Kristen Allott, ND, L.Ac., Heather Brummer, MS, L.Ac. and/or other licensed professionals or those working or training at the office, who now or in the future may treat me while employed by Dynamic Paths, LLC, working, associated, or training with or serving as backup for her; hereafter called *allied health care provider*.

I understand that I have the right to ask questions and discuss to my satisfaction with Kristen Allott, N.D. L.Ac., Heather Brummer and/or with the allied health care provider:

- 1) my suspected diagnosis or condition
- 2) the nature, purpose and potential benefits of the proposed care
- 3) the inherent risks, complication, potential hazards, or side effects of treatment or procedure
- 4) the probability or likelihood of success
- 5) reasonable available alternatives to the proposed treatment or procedure
- 6) the possible consequences if treatment or advice is not followed and/or nothing is done

I understand that naturopathic evaluation and treatment may include, but is not limited to:

- Physical exam (general, musculoskeletal, orthopedic and neurological assessments);
- Common diagnostic procedures (venipuncture, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool, and saliva).
- Soft tissue and osseous manipulation (message, neuro-muscular technique,

muscle energy stretching, cranio-sacral therapy, osseous manipulations of the extremities and spine)

- Electromagnetic and thermal therapies (ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrode stimulation, micro-current stimulation, and infrared and ultraviolet therapies)
- Dietary advice and therapeutic nutrition (use of foods, diet plans, nutritional supplements, and intramuscular vitamin injections);
- Herbs/natural medicines (prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures, suppositories which may contain alcohol, topical creams, pastes, plasters, washes or other forms.
- Homeopathic remedies (often highly diluted quantities of naturals occurring substances);
- Hydrotherapy (use of hot and cold water, colon hydrotherapy, cryotherapy).
- Counseling (including but not limited to biofeedback, hypnosis, and visualization for improved lifestyles strategies and wellness);
- Over the counter and prescription medications (including only medications approved by the WA Department of Health).

I understand that East Asian Medicine and Acupuncture evaluation and treatment may include, but are not limited to:

- Acupuncture (insertion of specialized disposable stainless steel sterilize needles or lacets to directly or indirectly stimulate acupuncture points or meridians);
- Uses of electrical, mechanical, and magnetic devices stimulate acupuncture points or meridians.
- Acupressure, Tui na (ancient Chinese massage), or dermal friction technique
- Sonopuncture, infrared, laserpuncture, point injection therapy
- Moxa (indirect burning of herbal material)
- Cupping (used to relieve symptoms in which cups made of glass or other materials are placed on the skin with a vacuum created by heat or other devices);
- Gua sha (rubbing on an area of the body with a blunt or round instrument)
- Dietary advice and nutritional supplementation (based on traditional East Asian Medical theory)
- Herbs (use of patent herbs in the form of pills, powders, tinctures, pastes, plasters, teas which may be taken internally were externally as a wash. Formulas may include shells, minerals, and animal materials)

- Vitamins, minerals, herbal therapies and nutritional supplements (based on traditional East Asian Medical theory)
- Breathing, relaxation, and East Asian exercise techniques
- Qi gong
- Superficial heat and cold therapies

I understand and I am informed that in the practice of Naturopathic Medicine, East Asian Medicine, and nutrition that there are some risks and benefits with evaluation and treatment including, but not limited to the following:

Potential risks: pain, discomfort, blistering, minor bruising, discoloration, infections, burns, loss of consciousness, and deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reaction to prescribe herbs, supplements, prescription medications; soft tissue or bony injury from physical manipulations; an aggravation of pre-existing symptoms.

Potential benefits: restoration of the body’s maximal functioning 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 provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor. The treatment intended to induce labor requires a letter from a primary care provider authorized to recommend such treatment.

Notice to individuals with bleeding disorders, pace makers, and cancer. For your safety it is important to alert the provider of these conditions.

Notice about medications

- I understand that Dr. Allott is not licensed to prescribe controlled substances.
- I understand that as a Naturopathic Physician, Dr. Allott has a broad scope of prescriptive medicines available to her as a physician. I understand that she chooses to not exercise her prescriptive rights with medications in order to focus and practice on lower therapeutic order healing therapies. If I should need medication, for any reason, I should seek it from an appropriate medical provider. Dr. Allott and Ms. Brummer will also refer you. I understand that if I do not seek medication as refer, I am doing so at my own risk.

- I understand the US Food and Drug Administration has not approved nutritional, herbal, and homeopathic substances; however, they have been widely used in Europe, China, and USA for years.
- I understand that Dr. Allott and Ms. Brummer are not a mental health counselor or psychiatrist.

I do not expect Dr. Allott or Ms. Brummer and/or allied health care provider to be able to anticipate and explain all the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure, based on the known facts. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees or services have been made to me concerning the results intended from the treatment. By signing below, I knowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment with any provider I see at Dynamic Paths, LLC.

Print patient's name: _____

Signature of patient: _____ Date: _____

Print guardian's name: _____

Signature of patients guardian: _____ Date: _____

Provider’s Name: Kristen Allott, ND, L.Ac
Heather Brummer MS, L.Ac.

Signature of Provider _____ Date: _____

Kristen Allott, ND, L.Ac is a graduate of Bastyr University, Kenmore WA. She is licensed in the state of Washington as a Naturopathic Physician (License #: NT1176) and Licensed Acupuncturist (License #2512).

Heather Brummer, MA, L.Ac is a graduate of Bastyr University, Kenmore WA. She is licensed in the state of Washington as a Licensed Acupuncturist (License #: AC2642) and as a Nutritionist (License #: NU1452).