

INFORMED CONSENT Naturopathic Care and Treatment

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Your doctor will take a thorough case history and perform a relevant physical examination. It is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding. As a patient you will receive information about your diagnosis and/or treatment This includes alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon. As with any form of medical intervention there can be health risks associated with treatment by naturopathic medicine.

These include but are not limited to:

- Aggravation of pre-existing symptoms.
- Allergic reactions to certain supplements and herbs.
- Pain, bruising or injury from venipuncture or acupuncture or parental therapy.
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.
- Muscle strains and sprains or disc injuries from spinal manipulation.

The staff are trained to handle emergencies should the need arise.

I understand:

- That a confidential record will be kept of the health services provided to me, as per the attached consent form for collection, use, and disclosure of personal information.
- That I may look at my medical record at anytime and can formally request a copy of my file for a nominal fee.
- That the results are not guaranteed.
- That I am free to withdraw my consent at any time.

With this knowledge, I voluntarily consent to naturopathic care and I intend this consent form to cover the entire course of treatment.

Patient Name (please print): _____

Signature of Patient (or Guardian): _____ Date: _____

Naturopathic Doctor: _____

ND Signature: _____ Date: _____