

CONSENT TO TREATMENT

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Your Naturopathic Doctor will take a thorough case history, do a relevant physical examination and may take blood and urine samples. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams.

It is very important therefore that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from, if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding; please advise your Naturopathic Doctor immediately.

I understand that there are risks to any medical procedure and that Naturopathic Medicine, though less invasive than most therapies is not exempt from these risks. These include but are not limited to: Aggravation of pre-existing symptoms, allergic reactions to supplements or herbs, Pain, bruising or injury from venipuncture or acupuncture, muscle strains and sprains, disc injuries from spinal manipulation.

I understand that my identity will be protected at all times and if necessary, identifying information will be altered to protect my privacy. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself unless law requires it. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: _____.
I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

If you need to change the date/time of your appointment please do so at least 24hours in advance. Less than 24 hours notice and missed appointments are subject to a \$25 fee.

Date: _____

Patient Name: (Please Print) _____

Signature of Patient or Guardian: _____

Naturopathic Physician: _____