

Naturopathic medicine is the treatment and prevention of diseases and disorders by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are used to stimulate the body's inherent healing capacity such as:

- 1. Clinical Nutrition**
- 2. Lifestyle Counselling**
- 3. Acupuncture/Traditional Chinese Medicine (TCM)**
- 4. Homeopathic Medicine**
- 5. Botanical Medicine**
- 6. Physical Therapies**
- 7. Bach Flower Remedies**

Declaration and Consent to Treatment

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, or those with multiple medications. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important 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, actively attempting to become pregnant or you are breast-feeding

There are some slight health risks to treatment by Naturopathic Medicine. These include but are not limited to

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Fainting or puncturing of an organ with acupuncture needles.

I understand that a record will be kept of the health services provided. This record will be kept confidential and will not be released to others unless so directed by myself when 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 my naturopathic doctor will answer any questions that I have to the best of her ability. 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. I will rely on the naturopathic doctor to exercise judgement during the course of the procedure which they feel at that time is in my best interests, based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

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 I am unable to make my appointment I must provide advance notification within 48 hours in which case no charge will be applied.

I AGREE to pay my full account at the time of each visit or treatment, including fees for services as listed on website and at reception desk, cost of supplements and remedies, cost of laboratory tests; which includes laboratory fees (dictated by lab company), requisition fee (dictated by lab company) and Naturopathic analysis fee.

Initial: _____

THIS IS TO ACKNOWLEDGE that I have been informed and I understand that:

- I. Any treatment or advice provided to me as a patient is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future from another licensed health care provider;
- II. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario;
- III. No employee, student or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;
- IV. The treatment and therapies rendered or recommended by this Clinic may be different than those usually offered by a medical doctor or other licensed health care provider.

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive at Nature's Touch Naturopathic Clinic and hereby authorize and consent to treatment.

Patient's Full Name:

First Middle Last

Date of Consent: _____
Day Month Year

Signature of Patient: _____

Naturopathic Doctor: _____