

Informed consent to Naturopathic Therapeutic Procedures

Name:	
Address:	
Phone (home):	Phone (business):
Please indicate preferred contact number with a star. If we are unable to talk to you in person we will leave a message for you at this number.	Phone (cell):
If you would like to receive our e-mail newsletter and news of upcoming lectures and events please provide your e-mail address.	e-mail:
Referred by	
Emergency contact	
Name:	
Relationship:	
Phone:	
Allergies:	
Medications:	

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic doctors (ND) assess the whole person, taking into consideration physical, mental and emotional aspects of the individual. A number of different approaches are used. Naturopathic treatment procedures may include the following:

Lifestyle counseling: Lifestyle is considered relevant to most health problems. The naturopath will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Nutrition: Individualized diets and nutritional supplements may be recommended to address deficiencies, treat disease processes and promote health.

Herbal Medicine: The use of plant based medicines and compounds to treat conditions.

Traditional Chinese Medicine: Includes the use of acupuncture, botanical formulas, dietary changes and other hands on therapies to balance body functions. Acupuncture treatments are performed using sterilized single-use needles.

Homeopathy: A form of medicine that originated in Europe. It is based on the energetics of minute doses of naturally derived substances that help the body expel disease and attain balance.

Physical medicine: Refers to the use of hands-on techniques, exercise and hydrotherapy (applications of hot and cold water).

Bowen Therapy: A manual therapy that addresses the neuromuscular pathway.

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, those with compromised immune functioning or those with multiple medications. Some therapies must be used with caution in certain conditions such as diabetes, heart, liver or kidney disease. Therefore, it is very important that you inform the ND immediately of any condition that you are suffering from, if you are on any medication or over the counter drugs. If you are pregnant or suspect you might be pregnant, or you are breast feeding, please advise the ND immediately.

There is the possibility of health risks from any medical treatment. In naturopathic medicine these may include, but are not limited to:

- Aggravation of a pre-existing condition
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture

Cancellation policy: Please note that 24 hours notice is required to cancel a scheduled appointment. A fee of \$65.00 will be charged if sufficient notice is not given.

I, _____, do hereby acknowledge and I have been informed of and understand the recommended naturopathic therapeutic procedures as listed above and have discussed with satisfaction this and any related information with the ND named above. I understand that the ND will answer my questions, to the best of her ability, regarding all therapeutic procedures with respect to financial costs, expected benefits, potential risks and side effects; the likely consequences of not having/ following the procedure(s)/ plan, and what alternative course(s) of action are available to me.

I further understand that the ND will keep a record of all health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself unless required by law. I understand that I may look at my medical record at anytime and can request a copy once I have paid my account in full and paid the appropriate fee. I understand that my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

As a result, I do hereby voluntarily (please circle) **consent** / **withhold** informed consent. I intend this consent form to cover the entire course of treatment for my present condition. I also understand that I may change the status of my voluntary informed consent at any time.

Patient/ lawful representative signature:
Date:
Naturopathic doctor signature
Date:
Witness Signature*:
Relation to patient:
Date:

*Witness signature is advised but not necessary