

INFORMED CONSENT FOR NATUROPATHIC SERVICES
(Must be signed prior to first appointment)

Naturopathic medicine is the prevention and treatment of disease by natural means. Naturopathic doctors must assess the whole person, taking into account the mental, physical, emotional, and spiritual of a person's history. Gentle, non-invasive techniques are used to stimulate the body's inherent healing capacity. The naturopathic doctor will take a thorough case history, and do a physical exam if necessary.

It is important you inform the naturopathic doctor of any disease process that you are suffering from, and any medications (prescription or over-the-counter) that you are currently taking. Please advise your naturopathic doctor if you are pregnant, suspect you are pregnant, or if you are breastfeeding.

As a patient, you will receive free information about your diagnosis, and/or treatment, courses of action, the effects, expected benefits, risks, side-effects, and in each case the consequence of not having the diagnosis and/or treatment acted upon.

During the course of your treatment, some form of product (vitamins, herbs, nutritional supplements) may be suggested as part of your treatment. Please be informed that it is your choice to purchase these products directly from the naturopathic doctor, or from another supplier.

The fees for treatment are as follows:

- \$155 for the initial exam (90 min)
- \$65 for follow up visits (30 min)
- \$55-\$75 for Acupuncture sessions
- \$55-\$75 for Bowen Therapy
- \$75 for Weight Loss Program

There are some slight health risks associated with treatment by naturopathic medicine. These include, but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs, the duration is usually short.
- Pain, bruising, or injury from Acupuncture.
- Fainting or puncturing an organ with Acupuncture needles.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise your naturopathic doctor of any allergies you may have.

I understand:

- The naturopathic doctor does not guarantee treatment results.
- The naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.
- I understand the full meaning of the consent form and its consequences.

Patient Name (Please Print) _____

Signature of Patient or Guardian _____

Date: _____ Witness: _____