

Naturopathic Treatment Informed Consent Form

Naturopathic medicine is the treatment and prevention of diseases by natural means. It takes into consideration the physical, mental, emotional and spiritual aspects of the individual, using non-invasive, supportive therapies in order to assist the body’s own ability to heal or prevent future illness. A number of different approaches may be used throughout the course of a treatment including: diet, nutrition, acupuncture, naturopathic manipulation, hydrotherapy, lifestyle counseling, and homeopathy.

As a Naturopathic Doctor I will be taking a thorough case history, conduct a physical exam, and when indicated use blood and/or urinary laboratory reports as part of treatment workup.

Despite the gentle nature of our therapies, there is the possibility of complications in certain conditions, such as pregnancy, lactation, multiple medication use, chronic disease, etc. It is therefore very important that you inform your doctor immediately, of any special condition and/or any illness that you are suffering from, as well as all medications that you are taking (prescription or over-the-counter). Additionally, if you are pregnant, suspect you might be pregnant, or you are breast-feeding, advise your doctor immediately.

All patients will receive information about diagnosis and/or treatments, expected benefits, potential risks, side effects, financial cost, the consequences of not following through with the recommended treatment, and what alternative courses of action are available.

As a patient:

- I have read the information and understand that this form of medical care is based on naturopathic principles and may be treated using any of the modalities of naturopathic medicine
- I understand that some therapies or treatments have the potential for complications
- I have provided complete and accurate information about my health on my intake form to assist my practitioner in treating me
- I acknowledge that I can accept or reject this care of my own free will
- I accept full responsibility for any fees incurred during care and treatment
- I understand that this clinic does not guarantee treatment results
- I acknowledge that I can withdraw my consent and discontinue treatment at any time

By signing below, I acknowledge that I have reviewed, understand and agree to the above and give my informed consent to receive Naturopathic Care.

Patient Name (Please Print): _____

Signature of Patient or Legal Guardian: _____ Date: _____
(please type your name and check the box to indicate signature if completing virtually)

Signature of Witness/Practitioner: _____ Date: _____
(please type your name and check the box to indicate signature if completing virtually)