

INFORMED CONSENT TO NATUROPATHIC ASSESSMENT AND TREATMENT

Naturopathic medicine is the treatment and prevention of diseases 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 generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches are used. Diet and nutritional supplements including intravenous parenteral therapies, botanical medicine, homeopathy, traditional Chinese medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling are all included in the scope of practice for registered naturopathic doctor in the province of Ontario.

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 therefore that 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.

In order to complete necessary medical assessments and treatment procedures; such as complete/partial physical examination, acupuncture treatment or Bowen therapy; client may be requested to disrobe partially. The naturopathic doctor will do her best to protect the client's privacy and physical comfort. If for any reason, you are not comfortable or does not wish to have these procedures performed, it is very important that you inform your naturopathic doctor your concern or refusal immediately.

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

- o Aggravation of pre-existing condition
- o Allergic reaction to supplements or herbs
- o Pain, bruising, or injury from acupuncture
- o Headache, nausea, or other irritability as part of your body's detoxification reaction

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 the law requires it. I understand that the naturopathic doctor will answer any questions that I have to the best of her ability. I understand that results are not guaranteed. I will rely on the naturopathic doctor to exercise judgment during the course of the procedure which they feel at that time is in my best interest, based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and the therapeutic procedures mentioned above, except for (please list exceptions below):

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.

I agree to pay for my treatments in full at each treatment and no outstanding balance will be allowed to accrue. I also understand the cancellation policy of Bayview Naturopathic Wellness requires me to cancel a booked appointment 24 hours prior to that appointment. If I fail to do so, by signing this consent form I agree to pay the fee of \$40.

Patient Name: (Please Print) _____

Patient Signature: X _____ Date: _____
(parent/guardian signature if patient is less than 18 years of age)

Signature of Naturopathic Doctor: _____