

Naturopathic Consent to Treatment Form

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

Several different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, traditional Chinese medicine and acupuncture, hydrotherapy and lifestyle counseling are the core treatments of naturopathic medicine.

Your naturopathic doctor will take a through case history, do a screening physical examination, order lab tests that are indicated and prescribe natural treatments based on the information provided.

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 disease such as diabetes, heart, liver or kidney disease. It is very important that you inform the naturopathic doctor of any disease process that you are suffering from or if you are taking any medications. If you are pregnant, suspect you are pregnant, or you are breast-feeding; please inform your naturopathic doctor are well.

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

- Temporary aggravation of pre-existing symptoms
- Allergic reaction to herbs or supplements
- Bruising from acupuncture, cupping, intramuscular injection, mesotherapy and IV therapy

A medical record will be kept for health services provided to you. This record will be kept confidential and will not be released to others unless you give your consent, or the law requires it. You may look at your medical record at any time and can request a copy of it by paying the appropriate fee for copying charges.

I _____ understand that my naturopathic doctor will answer any questions to the best of her ability. I understand that results are not guaranteed. I do not expect my naturopath to be able to anticipate and explain all risks and complications. I will rely on my naturopathic doctor to exercise judgement during the procedures 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, except for: (please list any exceptions below)

I understand this consent form to cover the entire course of my 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.

Patient name: (Please print) _____

Signature of patient or guardian: _____

Date: _____