Informed Consent to Naturopathic Treatment

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic doctors assess the whole person by taking into consideration the physical, mental, and emotional aspects of the individual. Gentle, non-invasive techniques are generally used in order to promote healing. Your naturopathic doctor will take a thorough health history, perform a screening physical examination, and take laboratory samples when necessary. Depending on your case, the physical may include, with your consent,

more specific examinations such as breast, prostate, rectal, or external genital exams.

It is very important that you inform your naturopathic doctor of any disease you are suffering from, any allergies you have, and any medications or over the counter drugs 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 information about your diagnosis, your treatment, and alternative courses of action. You will also be advised of the material effects, costs, expected benefits, risks, side effects, and consequences of not acting upon your diagnosis or treatment.

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

• Some patients experience allergic reactions to some supplements and herbs.

• Pain, bruising, or injury from taking blood tests or from acupuncture.

• Fainting or small risk of puncturing an organ with acupuncture needles.

• Muscle strains, sprains, and disc injuries from spinal manipulation.

Your naturopathic doctor is trained to handle emergencies should the need arise.

I UNDERSTAND:

• My naturopathic doctor does not guarantee treatment results.

• My naturopathic doctor will explain to me the exact details of any treatments provided and will answer any questions I may have.

• Costs above those included in the naturopathic visit fee will be explained prior to engaging in any treatment or diagnostic test that involves additional fees.

• I am free to withdraw my consent and to discontinue treatment at any time.

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Print Name Signature Date (mm/dd/yy)