

Please note that this form must be signed prior to your initial appointment

INFORMED CONSENT FORM

Naturopathic Medicine is generally a gentle approach to restoring health via stimulating the body's own innate ability to heal itself. However, there are potential health risks associated with any given treatment including Naturopathic treatments. These include but are not limited to:

- Transient aggravation of pre-existing symptoms using homeopathic remedies
- Allergic reactions to certain nutritional supplements and herbs
- Pain, bruising or injury from acupuncture needles and cupping treatments

Naturopathic doctors are trained to handle emergencies if the need arises.

I understand:

- Naturopathic doctors do not guarantee treatment results.
- I can discontinue treatment at anytime.
- I am encouraged to inform my Medical Doctor of any nutritional supplements and/or herbal remedies I may be taking.
- I am encouraged to seek treatments from other practitioners including my medical doctor.
- I acknowledge that Naturopathic Doctors are trained in performing physical examinations including rectal, genital and/or breast examination and might do so as part of a complete physical assessment if necessary.
- I realize I can choose to request from my Medical Doctor to perform any physical examination that may be deemed necessary by my Naturopathic Doctor.
- I understand my privacy is protected whether I seek naturopathic care in person or over the telephone. And my confidentiality is regarded with the utmost respect.

Naturopathic visit fees are not covered by OHIP, however, they are covered by some private health insurance providers. Please contact your health insurance provider for details. The cost of the initial visit of 80 minutes is \$270.00. The cost of subsequent visits of 40 minutes is \$150.00. The cost of Laboratory tests, Nutritional supplements, Herbal and Homeopathic remedies are NOT included in the cost of the visits.

I have read and understood the consent form which includes the potential risks involved with Naturopathic treatments.

Date:

Name of Patient and/or Guardian:

The content of this form has been explained to me and I agree to the terms and information outlined above

Name of Naturopathic Doctor:

License Number and Signature of Naturopathic Doctor:
