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## Informed Consent

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. Your Naturopathic Doctor will take a thorough case history, perform a physical examination, and if your case requires; the physical may include more specific examinations such as gynecological, breast, rectal, prostate or genital exams as well as urine samples.

It is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant, or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

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

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise your doctor of any allergies you may have.
- Pain, bruising, or injury from venipuncture or acupuncture or parental therapy.
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains and sprains or disc injuries from spinal manipulation.
- There is a very small potential for stroke in neck manipulation. Patients are thoroughly screened by the doctor prior to manipulating the neck.

Your Naturopathic Doctor is trained to handle emergencies should the need arise.

I understand that:

- The clinic does not guarantee treatment results
- My doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have
- I am free to withdraw my consent and to discontinue treatment at any time

Date: \_\_\_\_\_ (MM/DD/YYYY)

Patient Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

ND Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Lic# \_\_\_\_\_

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