

CONSENT TO TREATMENT

(To be signed prior to the first appointment)

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths 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 naturopath will take a thorough case history and do only necessary physical examination for your initial visit.

It is very important therefore that you inform your naturopath 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 naturopath immediately.

There are some slight health risks to treatment by naturopathic medicine.

These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs

I realize that my identity will be protected at all times and if necessary, identifying information will be altered to protect my privacy. 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 so directed by myself or unless law requires it. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results are not guaranteed. I do not expect the naturopath to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

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 that the Northwest Naturopathic & Bowen Centre will keep my credit card number on file and that the service charge will be rendered after each appointment. If I have to cancel the appointment it has to be at least 24 hours before, or the full amount will be charged to my credit card. Exceptions are made by family or other emergencies.

Date: _____

Patient Name: (Please Print) _____

Address: _____ Postal Code: _____

Telephone: _____ Email: _____

Signature of Patient (or Guardian): _____

Name of Naturopath: Dr. Christine Perkins ND _____

Comments: _____