

PATIENT DECLARATION AND CONSENT TO TREATMENT

Naturopathic medicine is the treatment and prevention of disorders 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 used to stimulate the body's inherent healing capacity.

Your naturopathic doctor will take a thorough case history, perform a physical examination and may take urine and blood samples where indicated.

Caution must be taken in some physiological conditions such as pregnancy, lactation, very young children, people with diabetes, heart, liver or kidney impairment and/or with people taking multiple medications. It is very important that you inform your naturopathic doctor immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise your ND if you are pregnant, suspect you are pregnant, if you are planning to become 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 potential consequences of not having the diagnosis and/or treatment acted upon.

Some of the health risks associated with naturopathic medicine include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to supplements or herbs and pain or bruising from acupuncture.

Your naturopathic doctor will answer any questions you may have to the best of his/her ability. Results are not guaranteed. Your provider will exercise judgement during the course of your treatment that is in your best interest, based on the facts that are known.

As a patient, you must be aware that naturopathic treatment and conventional medical treatment are not mutually exclusive, and therefore, you are free to seek or continue to receive medical care from a qualified physician.

Initial: _____

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. If required, I understand that my naturopathic doctor may discuss my case with other healthcare practitioners. I understand that I may look at my medical records at anytime and can request a copy of it by paying the appropriate fee of \$0.20 per page. 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 results are not guaranteed. I do not expect naturopathic doctors to be able to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to naturopathic care. I intend this consent form to cover the entire course of my care and treatment. I understand that I am free to withdraw my consent at any time.

Cancellation Policy

I understand that the Mahalo Naturopathic Centre has a cancellation policy that requires me to provide a minimum of 24 hours notice prior to cancellation or re-scheduling of appointments. Missing a scheduled appointment or failing to provide 24 hours notice will incur a fee which is 50% that of the visit cost.

Patient Name (please print): _____

Signature of Patient or Guardian: _____ Date: _____

Naturopathic Doctor: _____ ND Signature: _____