



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.

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.

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 acupuncture
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.

I understand:

- Precision Health does not guarantee treatment results.
- That 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.

Consent for Treatment

I have read and understood all of the associated forms, answered them truthfully and to the best of my knowledge and fully consent to treatment at Precision Health. I understand that there is a 24-hour cancellation policy and if I fail to notify the clinic, then I may be charged for my session.

Consent for the Cost of our Services

I understand the costs of the services that I am being provided at Precision Health, and that these costs include time for a proper assessment and home care prescription.

Consent for Personal Information

I understand that in order to provide me with the services I am seeking, Precision Health will collect some personal information about me (e.g. home telephone number, address, emergency contacts). I have reviewed Precision Health's privacy policy about the collection, use and disclosure of personal information, the steps taken to protect the information and my right to review my personal information. I understand how the privacy policy applies to me. I have been given the chance to ask any questions I have about the privacy policy and they have been answered to my satisfaction.

Patient Name (please print): _____

Signature of Patient or Guardian: _____ Date: _____