

Naturopathic Informed Consent

Naturopathic Medicine is the treatment and prevention of disease by natural therapies. 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.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet and lifestyle counselling, clinical nutrition, botanical medicine, Asian medicine and acupuncture, hydrotherapy, and physical medicine.

During your initial visits, your Naturopathic Doctor will take a thorough case history and perform a basic/complaint-oriented physical examination, and when indicated, take urine samples for further testing, or blood samples for lab investigation.

Even the gentlest therapies may cause complications in certain physiological conditions. This depends greatly on the individual and the extent of the illness. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that you inform your naturopathic doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding, advise your doctor immediately.

Health risks associated with Naturopathic Medicine include but are not limited to:

- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture

Initials: I understand a record will be kept of the health services provided to me. This record will be kept confidential and will not be released without my consent, unless required by law. I understand that I may look at my
_____ medical record at any time and can request a copy of it by paying the appropriate fee.

Initials: I understand that the Naturopathic Doctor will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic
_____ procedures mentioned above, except for (please list any exceptions):

Initials: I understand that a fee will be charged (Missed Appointment Fee) for any missed appointments or
_____ cancellations with less than 24 hours notice.

Initials: I understand that fees are to be paid at the time of the visit. If direct billing is allowed, I will be responsible
_____ for the remainder portion of the fees that are not covered by the insurance company.

Initials: I have read and understand the above-stated policies and information. I hereby authorize and consent to
_____ naturopathic treatment and examination by Dr. Denise Cheung, ND. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (Please print):

Date:

Name of Guardian (Please print):

Signature of patient or guardian: