

## INFORMED CONSENT

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR 1<sup>ST</sup> APPOINTMENT

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 assessment starts with a thorough case history and a holistic physical examination when indicated.

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

As a patient you will receive information about your Naturopathic assessment and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not following through with suggestions.

There have been some slight health risks reported 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 us of any allergies you may have.
- We are trained to handle emergencies should the need arise.

### I understand:

- The Meridian Institute for Naturopathic Therapies does not guarantee treatment results.
  - Naturopathic modalities have been thoroughly explained to me and 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.
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Patient Name: (Please print name): \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_