

INFORMED CONSENT FORM

Naturopathic medicine is a form of holistic medicine using herbs, nutrition, diet and lifestyle to effect change in the whole body as well as incorporating regular medicines from your other health professionals

Your practitioner will take a thorough case history and may perform pertinent physical exams and suggest blood tests or request copies of blood tests previously completed by your doctor or specialist.

It is very important that you inform your Naturopath/Pharmacist of any disease process that you are suffering from and any medications or over the counter drugs that you are taking. Please advise your Naturopathic Pharmacist if you are nursing, are pregnant or become pregnant throughout the course of your treatment.

As a patient you will receive information about your diagnosis and/ or treatment, alternative courses of action, costs, benefits, risks, side effects and in each case, the consequences of not having the diagnosis and/ or treatment acted upon.

I understand that a record will be kept of the health services provided to me. The record will be kept confidential and will not be released to others unless so directed by myself or if the law requires it. If required, I understand that my naturopathic pharmacist may discuss my case with other healthcare providers.

I understand that results are not guaranteed. I do not expect naturopaths/naturopathic pharmacists to be able to anticipate and explain all risks and complications. As with any form of medical intervention, there can be risks associated with treatment by naturopathic/integrative medicine. These include, but are not limited to:

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

With this knowledge, I voluntarily consent to Naturopathic/Integrative care. 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 at any time.

Patient Name: (please print name) _____

Signature of patient or guardian: _____

Mark Webster (Naturopathic Pharmacist)

Signature: _____