



## **Informed Consent to Naturopathic Treatment**

***\*Please read disclosure below fully before signing 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. Your Naturopathic Doctor will take a thorough case history, perform a complaint-oriented physical examination, and review recent blood work and medical tests.

It is very important that you inform your Naturopathic Doctor of any condition or disease that you currently have and if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant, or you are breast-feeding, please advise your Naturopathic Doctor immediately.

There is some slight health risk associated to treatment by naturopathic medicine. These include, but are not limited to: aggravation of pre-existing symptoms, allergic reactions to supplements or herbs, pain, bruising or injury from acupuncture or intramuscular injections, fainting, or puncturing of an organ with an acupuncture needle.

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 expressly directed to do so by myself or law requires it. I understand that I may look at my medical records at any time, and can request a copy of it by paying the appropriate fee.

I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all the risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for:

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I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I have been informed that Paradigm Health Group Inc. is the management company providing services to the individual practitioner(s) at the clinic. I understand that Paradigm Health Group Inc. is separate and apart from the Naturopathic practitioner and the other professional practices at the clinic. Further, I acknowledge that, Paradigm Health Group Inc., its owner(s), and its employees shall not be liable for any loss, cost, damage, and expenses which I may suffer, sustain, pay or incur, whatsoever, howsoever caused, arising directly or indirectly, as a result of or in connection with my naturopathic treatment at Paradigm Health Group Inc.

I have read the above disclosures fully. I understand and agree to these terms before giving my consent to receive Naturopathic Care at Paradigm Health Group.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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*Patient/Guardian Signature*

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*Witness Signature*

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*Patient/Guardian Name (Please print)*

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*Witness Name (Please print)*