

INFORMED CONSENT

This form provides information to help you understand the services we provide and the cost involved. If you have any questions regarding this information, please ask your doctor.

Naturopathic medicine is the prevention and treatment of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Your visits can include the taking of a thorough case history, physical exam, and request to access your medical records. The following outlines the therapies we may utilize:

- *Diets and nutritional supplements* are recommended to address food intolerances, nutritional deficiencies, treat disease, and promote health
- *Botanical medicine* is plant-based medicine that involves the use of herbal teas, tinctures, glycerates, capsules or other forms of herbal preparations to balance the body and treat disease.
- *Homeopathy* is a form of medicine that uses minute doses of plant, animal, or mineral substances to stimulate the body's ability to heal itself
- *Asian medicine* includes the use of acupuncture, Eastern herbs, and dietary changes to eliminate disease and balance body functions
- *Acupuncture* is the insertion of sterile disposable needles through the skin at specific points on the body. Eastern herbs may be given as pills, tinctures, or whole herb.
- *Hydrotherapy* refers to the use of applications of water to improve circulation and balance the immune system.
- *Lifestyle counseling* involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotion environment.
- *Physical medicine* involves the use of hands-on massage, trigger point acupuncture (the insertion of sterile disposable needles to relieve muscle spasms), and osseous manipulations (the application of precise, high velocity, low amplitude thrusts to joints to correct misalignments).

Even the gentlest of therapies may cause aggravation in certain physiological conditions. This depends greatly on the individual and the extent of their illness. Health risks associated with naturopathic medicine include but are not limited to:

- Aggravation of pre-existing symptoms during the healing process
- Allergic reaction to prescribed substances
- Pain, bruising, fainting or injury from acupuncture
- Muscle strains or sprains or disc injuries from spinal manipulation. There is a very small potential risk for stroke with neck manipulations. Thorough screening will be performed prior to manipulating the neck.

Please initial beside each of the following statements:

____ 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 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 by paying the appropriate fee. I have read and understood the privacy policy of this office.

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

____ I understand that any treatment provided for me by Jenny Yukht ND is not mutually exclusive of any treatment or advice that I may be receiving now or in the future from another licensed health care provider and that I am at liberty to seek or continue medical care from a physician or other health care provider qualified to practice in Ontario.

____ I understand the fee schedule and agree to pay billings promptly

____ I understand that I may purchase any recommended supplements/remedies from the dispensary at the office or from any retail store of my choice.

As a patient you are responsible for the total charges incurred for each visit and any supplements you choose to purchase. If you have insurance coverage for naturopathic medicine you are responsible for billing your own insurance company. Most policies do not cover the supplements/remedies that we prescribe.

I have read and understood the above stated information and policies. I consent to treatment by Jenny Yukht, ND as indicated above. I understand that I am free to withdraw my consent at any time.

Patient name: _____ Date:_____

Signature of patient or guardian:_____

Signature of naturopathic doctor:_____