

NATUROPATHIC MEDICAL CONSENT



Naturopathy is founded on the belief that the body has the innate ability to heal itself.

Naturopaths today combine the wisdom of nature with the rigors of modern science. Naturopaths look at more than symptoms; we seek to identify the underlying cause of the symptoms. Naturopaths assess the whole person and consider the physical, mental, and emotional expression of wellness and disease. Gentle, non-invasive techniques are often used to stimulate the body's ability to heal itself. Following are some of the approaches that may be used:

Herbal medicine, Pharmaceutical medicines, Counseling, Homeopathy, Nutritional supplements and using food as medicine, Hydrotherapy, Physiotherapy, and Massage.

I consent to services rendered and treatment provided by Watershed Wellness. I recognize that the medical provider is a licensed Naturopathic Physician. I have the right to refuse any treatment suggested that makes me feel uncomfortable. I have the right to ask questions to my satisfaction. The medical provider has the right to treat me within the scope of their practice. The medical provider has the right to refuse treatment or make referrals to outside physicians if she feels that they may be of service to my case.

After reading each item on the next page, please initial in the space provided before the item. If you have any questions or concerns about the item, please express them to the Naturopathic Doctor before initialing.

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_____ I understand that even the gentlest of therapies can cause complications or side effects. I understand that it is very important that I inform the naturopath of any diseases or allergies I have and medication or supplements that I am currently taking to reduce this risk. I understand and am informed that, as in the practice of conventional medicine, in the practice of naturopathy, there are some risks to treatment, including, but not limited to:

- Allergic reaction to supplements or herbals
- Skin burn or freeze from hydrotherapy

_____ I do not expect the naturopath to be able to anticipate and explain all risks and complications, and I wish to rely on the naturopath to exercise their best judgment, based upon the facts then known, in my best interests.

_____ I understand that charges are to be paid in full at the time of the visit unless specific arrangements were made prior to my scheduled appointment. Insurance billing may be offered as a courtesy however I understand that I am ultimately responsible for 100% of charges for office visits and other services rendered. I understand that Watershed Wellness accepts cash, checks, Visa, Mastercard, Discover, and American Express and I am able to pay today for my visit with one of these means unless prior arrangements have been made. I understand that supplements, herbs, books and any other medical treatment items must be paid for in full at time of purchase as billing is not available for these items.

_____ 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 expressed written consent or if required by law. I understand that I may look at my medical record at any time and may request a copy. I understand that information from my record may be analyzed for research purposes and that my identity will be protected and kept confidential.

_____ I understand that results are not guaranteed.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content. By signing below I agree to the above named items/procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Client Printed Name:

Client Signature or Guardian Signature

Relationship to Patient

Date