

Poonam Patel, B.Sc., N.D.
Doctor of Naturopathic Medicine



INFORMED 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. As your naturopath, Poonam Patel will take a thorough case history and perform a screening physical examination, including a breast exam. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams. Laboratory assessments may also be required, in which case you may be referred to your medical doctor or directly to Gamma Dynacare Labs for specific laboratory testing.

Poonam Patel, ND, uses the following modalities in her practice: nutritional and lifestyle counseling, traditional Chinese medicine and acupuncture, botanical medicine, hydrotherapy, homeopathic medicine and physical modalities. Naturopathic doctors are required to obtain informed consent and to make sure you are aware of possible side effects/risks due to treatment.

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, in those with multiple medications, and in certain diseases including but not limited to diabetes, heart, liver or kidney disease. Therefore it is very important that you inform your naturopath immediately of any disease process that you are suffering from and any medications/over-the-counter drugs that you are currently taking. Please advise your naturopath immediately: if you are pregnant, suspect you are pregnant or you are breast-feeding.

There are some health risks associated with 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 venipuncture or acupuncture
- Fainting or puncturing of an organ with acupuncture needles
- Muscle strains and sprains, disc injuries from spinal manipulation
- The potential for stroke is a concern in neck manipulation, but the patient will be thoroughly screened prior to adjusting the neck

I understand/acknowledge:

- 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 law requires it or if I give my written consent. For more information regarding the collection, use, and disclosure of your personal information, you may ask the Privacy Information Officer – Dr. A. Araujo, for a copy of our privacy policy.
- My naturopathic doctor will have to report me in the following instances: when I am in imminent danger of harming myself or others, when there is reasonable suspicion that I am neglecting and/or emotionally, physically or sexually abusing a minor, and if I engage in sexual relations with any of my healthcare providers.
- I may access my medical records at anytime and can request a copy by paying the appropriate fee.

INFORMED CONSENT (cont.)

- The clinic does not guarantee treatment results. I do not expect the naturopath to be able to anticipate and explain all risks and complications. I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for:

- I have been informed of and understand the recommended therapeutic and diagnostic procedures and have discussed to my satisfaction this and any requests for related information with the naturopathic doctor, Poonam Patel and/or with her office or clinical assistant(s). I further acknowledge and confirm that I have been informed of and understand the therapeutic and diagnostic procedures with respect to the financial costs, expected benefits, potential risks and side effects; likely consequences of not having/following the therapeutic and diagnostic procedure(s), and what alternative course(s) of action are available to me.
- This consent form covers the entire course of treatment for my present condition.
- I have read this statement and agree to work within its guidelines, including the limits of confidentiality.
- I am free to withdraw my consent and to discontinue participation in these procedures at any time.

EXTENDED HEALTH INSURANCE

It is your responsibility to check with your insurance company or place of employment to see if you have coverage for naturopathic care. We will be pleased to provide you with any statements or sign any necessary forms required.

CANCELLATION POLICY

I understand the fee policy and that 24 hours notice is required in order to cancel or reschedule an appointment. In the event that I miss an appointment, without canceling/rescheduling, **a fee for the missed appointment** will apply.

Patient Name: (print) _____

Patient Signature: _____
[or Guardian Signature (if under 18)]

Date: _____

Naturopathic Doctor: _____
(Poonam Patel, B.Sc., N.D.)