

consent to treat _____



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. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

It is very important that you inform Dr. Teresa Donovan or Dr. Jennifer Doyle immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise if you are pregnant, suspect you are pregnant or if you are breast-feeding.

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

Slight health risks of some naturopathic treatments include, but are not limited to:

- temporary aggravation of pre-existing symptoms
- allergic reaction to supplements or herbs
- pain, fainting, bruising or injury from venipuncture or acupuncture
- muscle strains and spasms, disc injuries from spinal manipulations

Any treatment or advice provided to me as a patient of Dr. Teresa Donovan or Dr. Jennifer Doyle is not mutually exclusive from any treatment that I may now be receiving or may in the future receive from another licensed healthcare provider. I am at liberty to seek or continue medical care from a medical doctor or other healthcare providers. I understand results are not guaranteed.

I understand that a record will be kept of my visits. This record will be kept confidential and will not be released without my consent. I understand that I may look at my medical records at any time and can request a copy of them.

I am responsible for payment at the time services are rendered. Dispensary items must be paid for in full before leaving the office. I am aware that 24 hours notice must be given for all cancelled appointments or a cancellation fee of \$25.00 will be applied.

I understand that Dr. Donovan and Dr. Doyle reserve the right to determine which cases fall outside of her scope of practice, in which case the appropriate referral will be recommended.

I consent to receive naturopathic treatment from Dr. Teresa Donovan or Dr. Jennifer Doyle. I understand this consent is voluntary and may be revoked at any time.

Patient's Name (please print) _____ Date: _____

Signature of patient or guardian: _____



root cause

HEALTH & WELLNESS CLINIC

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