

**INFORMED CONSENT**

Welcome to the clinic of Kandis Lock, ND. Naturopathic Doctors use the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

You will find that Naturopathic Medicine has some similarities and many differences in comparison to regular medical treatments. Most of our treatments are less invasive and have few side effects yet many of our natural treatment methods are very powerful and some side effects and complications may occur. The extensive training that a licensed and regulated Naturopathic Doctor (ND) receives helps ensure patient safety. The licensed and regulated practitioners of this clinic will inform you of any risks that are involved with certain therapies as they arise, but on rare occasions there may be unforeseen risks.

It is important that the information you include on the intake form is complete. This will help us prevent unwanted drug and/or supplement interactions and prevent us from prescribing products that may exacerbate any existing conditions. It is also important to notify us if you are pregnant, suspect that you may be pregnant, or are breastfeeding.

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

Some of the risks may include, but are not limited to:

- Aggravation of pre-existing conditions and symptoms
- Allergic reactions to supplements and herbs. Please advise us of any allergies.
- Pain, fainting, bruising, or injury from venipuncture or acupuncture
- Muscle strains and sprains, and/or disc injuries from spinal manipulations
- Potential for stroke or emboli is a concern in cervical manipulation; proper pre-requisite tests will be done before such manipulations are performed to prevent such an outcome

*I understand that my patient file will be kept confidential. I also understand that the information in my file will not be shared with anyone outside this clinic unless it is required by law or written consent to share the information with another person (ie Another health care practitioner) has been given by myself.*

*I understand the risks of Naturopathic treatment as stated above and know that I may ask the Naturopathic Doctor to explain any risks to specific treatments as they come up. I also understand that I may refuse any treatment that is offered to me at any time. I will rely on the Naturopathic Doctor to exercise his/her best judgment in my best interests base on his/her present knowledge of my condition and the proposed treatment method.*

*I confirm that I have read this agreement and consent to any treatments (other than the exemptions listed below) from my Naturopathic Doctor and I understand that I can withdraw my consent to any treatment at any time. I also understand that I will be responsible for any fees incurred during care and treatment at this clinic.*

Exemptions to treatment: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient Signature (Guardian if under 18): \_\_\_\_\_

Naturopathic Doctor: \_\_\_\_\_

Date: \_\_\_\_\_