

Consent to Treatment/ Office Policy

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.

A number of different approaches maybe used throughout the course of treatment. The principles and practices of Naturopathic Medicine and other supportive therapies will be practiced to assist the body's own ability to heal and to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. If you are working with a naturopathic doctor, a physical exam, as well as specific blood/ and or urinary laboratory or functional tests may be used as part of the treatment work-up. Naturopathic doctors are trained in clinical nutrition, homeopathy, botanical medicine, Asian medicine, physical medicine, and lifestyle counseling.

Even the gentlest therapies may cause complications under certain physiological conditions. For this reason, it is very important that you inform your Naturopathic doctor of any and all disease processes you are suffering from, as well as any medications (prescription and over the counter) that you are taking. If you are pregnant, suspect you may be pregnant, or breast-feeding, it is important you advise your Naturopathic doctor immediately.

Health risks associated with Naturopathic medicine include but are not limited to: aggravations of pre-existing symptoms during the healing process; allergic reactions to supplements and/or herbs; pain, bruising or injury from venipuncture or acupuncture.

Fee Schedule:

Patients are responsible for the total charges incurred (visit fees and any supplements) for each visit. Naturopathic medicine is not covered by OHIP, but may be covered by your extended health care plan. If you have coverage for Naturopathic medicine, it is the patient's responsibility to bill the insurance company. Please note most insurance companies will not cover supplements.

	1 st Visit	2 nd Visit	Subsequent Visit
Adults	\$150	\$100	\$70
Children (0-12)	\$100	\$60	\$60
Student (Full-time)	\$140	\$95	\$65

Note: Please cancel appointments 24 hours in advance as there is a missed appointment fee of \$50.00. Fees may be subject to change.

Each person must sign this document before any treatment will be rendered.

Each person seeking care in this clinic should understand that the practitioner, Jennifer Hendry-Lynn is a Naturopathic Doctor. If a medical diagnosis is required, it must be obtained from a licensed medical doctor.

Please read the following and initial in the space provided:

_____ I understand a record will be kept of the health services provided for me. This record will be kept confidential and will not be released to others without my consent unless required by law.

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

_____ I understand that I am at liberty to seek or continue to seek medical care from other health care providers who are qualified to practice in Ontario.

_____ I understand that fees and supplements are to be paid for at the time of consultation, and that a missed appointment fee will be charged any missed appointments or cancellations with less than 24 hours notice.

I have read and understand the above-stated policies and information. I intend for this consent form to cover the entire course of treatment for any present condition. I understand I am free to withdraw my consent and to discontinue participation in these procedures at anytime.

Patient Name (please print): _____

Signature of Patient (or Guardian): _____

Signature of Naturopathic Doctor: _____

Date: _____