

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

A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling are the mainstays of naturopathic medicine.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Botanical Medicine is a plant based medicine using herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

Homeopathy is a form of medicine which uses minute doses of plant, animal or mineral origins to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

Asian Medicine includes acupuncture, as well as the use of botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Botanical formulas may be given in the form of pills, tinctures or decoctions (strong teas) to be taken internally or used externally as a wash. Herbal formulas may include shell, mineral and animal materials as well as plants. Dietary advice is based on traditional Chinese medical theory.

Physical Medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems. Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

As Naturopathic Medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Dr. Orest Szczurko will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Dr. Orest Szczurko will take a thorough case history, do a screening physical examination, and may take blood and urine samples. If your case requires, the physical may include more specific examinations.

Even the gentlest therapies may have complications in certain physiological conditions such as pregnancy and lactation, in very young children, or those with multiple medications. Some therapies just be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from, if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding, please advise your Naturopathic Doctor immediately.

There are some slight health risks to 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, accidental burning of the skin from the use of moxa
- muscle strains and sprains, disc injures from spinal manipulation.

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 unless so directed by myself or unless law requires it. I understand that I may look at my medical record at anytime and can request a copy of it by-paying the appropriate photocopying fee. I understand that information from my medical record may be analyzed for research purposes but that my identity will be protected and kept confidential.

I understand that the Naturopathic Doctor will answer any questions that I have to the best of his ability. I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. I will rely on the Naturopathic Doctor to exercise judgment during the course of the procedure which they feel at that time is in my best interests, based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions below):

I understand that I will be responsible for payment of my account at the time of service. The fees are \$159 for an initial 60 minute consultation, \$119 for a second or 45 minute visit, and \$84 for 30 minute follow up visits. Intravenous therapies are charged as a 30 minute visit plus the cost of the intravenous mixture to be administered. Acupuncture fees and 20 minute visits are \$59 per visit. Reprints of receipts or other documents are \$5 and up.

Missed appointments hurt our clinic, and other patients that could be seen at that time. We ask that you give us **48 hours (2 working days)** notice to reschedule or cancel appointments. **A \$50 missed appointment fee** will be charged to your account automatically if not cancelled or rescheduled 2 working days before.

I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name: (Please Print) _____

Signature of Patient or Guardian: _____

Date: _____

Adult Intake

Name: _____ Sex: M / F Date: _____
Date of Birth: _____ Phone: _____ home
Address: _____ cell
_____ work
_____ E-mail address: _____

May we leave messages relating to your visits? Y N
May we send you clinical information? Y N

Emergency Contact Name _____ Phone: _____

How did you hear about us?: _____

Other Health Care Providers:

1. _____ 2. _____ 3. _____

() _____ () _____ () _____

What are your health concerns, in order of importance to you:

1. _____
2. _____
3. _____
4. _____

If you are female, are you currently pregnant? Yes No (please circle one)

Medical History:

How would you describe your general state of health? Excellent Good Fair Poor

Please indicate any serious conditions, illnesses or injuries, mental or physical trauma or scars, and any hospitalizations; along with appropriate dates:

Do you have any allergies (medicines, environmental, etc.)?

Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics, etc.)

Please list past prescription medications:

Do you get regular screening tests done by another doctor? (Pap, blood tests, etc.) Y / N

Over the last ____ (how many) years / months, I have been treated with antibiotics (how many) ____ times.

Do you frequently use any of the following (circle)

Aspirin Laxatives Antacids Diet Pills Birth Control Pills/Implants/Injections

Alcohol – how much /day or week _____

Tobacco – form and amount / day _____

Caffeine – form and amount / day _____

Recreational Drugs – what and how often _____

Please indicate what immunizations you have had:

DPT Haemophilus Influenza B Hepatitis A Hepatitis B Smallpox

Tetanus booster, when? _____ "Flu" MMR (measles, mumps, rubella) Polio

Please indicate if any caused adverse reactions: _____ Other: _____

Diet

Do you have any food allergies or intolerances? Please list: _____

Do you have any dietary restrictions (religious, vegetarian/vegan, etc.)? _____

Describe a typical day's diet (times and content):

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Beverages (and total quantity) _____

Family History

Please indicate if a close relative (parent, child, sibling) has had any of the following:

	Who?		Who?		Who?
Allergies		Heart Disease		Kidney disease	
Asthma		Cancer		Depression	
High Blood Pressure		Drug abuse / alcoholism		Other mental illness	
Diabetes		Other:		Other:	

Environment

Occupation: _____

Hobbies: _____

Do you exercise regularly? Y / N What do you do for exercise, how much and how often?

Are you exposed to significant tobacco smoke (work, home, etc.)? Y / N

Are you frequently exposed to animals (work, pets, etc.)? Y / N

How is your home heated? _____

Are or were you regularly exposed to toxins or other hazards? (work, home, hobbies, etc.)? Please describe:

How stressful is your work, home, family or other aspects of your life? How well do you handle these stresses?

Is there anything that you feel is important that has not been covered?

Our privacy Policy

Privacy of your personal information is an important part of our Clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

In this Clinic, Orest Szczurko N.D. acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our Clinic is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- our privacy protocols comply with privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy - Naturopathy.

How Our Clinic Collects, Uses and Discloses Patients' Personal Information

Our Clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our Clinic is using and disclosing your information.

This Clinic will collect, use and disclose information about you for the following purposes:

- to assess your health concerns
- to provide health care
- to advise you of treatment options
- to establish and maintain contact with you
- to send you newsletters and other information mailings
- to remind you of upcoming appointments
- to communicate with other treating health-care providers
- to allow us to efficiently follow-up for treatment, care and billing
- to complete claims for insurance purposes
- to comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy - Naturopathy acting under the authority of the *Drugless Practitioners Act*
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this Clinic to comply with all regulatory requirements
- to comply generally with the law
- to allow potential purchasers, practice brokers or advisors to conduct an audit

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

Patient consent

I have reviewed the above information that explains how your clinic will use my personal information, and the steps your clinic is taking to protect my information.

I agree that Orest Szczurko, N.D. can collect, use and disclose personal information about _____ (patient name) as set out above in the information about the Clinic's privacy policies.

signature

print name

date