



**CONSENT TO NATUROPATHIC TREATMENT**

Naturopathic treatment may include the following modalities and diagnostic procedures:

- Lifestyle counseling
- Botanical medicine
- Homeopathy
- Clinical nutrition
- Traditional Chinese Medicine (TCM) including acupuncture and eastern herbs
- Hydrotherapy
- Physical examination and pulse & tongue diagnosis (part of TCM work up)
- Blood or saliva testing

As Naturopathic treatment is individualized, one or more of the above mentioned modalities may be used. All procedures and treatments will be fully explained to you, including the expected costs of the procedures and treatments, expected length of the treatment, any possible side effects of, or alternative choices to, a specific treatment, and consequences of not obtaining treatment, before your treatment plan is undertaken. All information exchanged between you and your naturopath is confidential, and your privacy is assured.

**Appointments and treatment plans** initials: \_\_\_\_

- Your initial 90 min assessment may, or may not, include any treatment. As natural medicines can interact with prescription medications, Kerri researches your case fully to ensure safe practices.
- Your treatment plan will be presented to you on the second visit, a week after your initial assessment.

**E-mail communications** initials: \_\_\_\_

- Kerri likes to be available to her patients. Please note though, that email communications must be limited to clarify something already prescribed, or for you to provide further information.
- Treatment cannot be provided via email. This includes change of supplements or opinions about supplements/programs available elsewhere.

**Payment Policy and Missed Appointments** initials: \_\_\_\_

- Payment can be made by cash, cheque, MasterCard or Visa.
- NSF cheques will be charged \$30.
- All payments are due when services are rendered.
- Please ensure that you give 24 hours notice to change or cancel appointments. Our cancellation fee is 50% of your scheduled appointment fee. An invoice will be sent to you.

I, \_\_\_\_\_, consent to treatment by my licensed Naturopathic Doctor Kerri Fullerton, ND and have been fully informed of the nature of all therapeutic procedures, services, diagnostic tests and fees involved.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (of parent or guardian)

\_\_\_\_\_  
DATE