



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.

Multiple approaches may be taken through the duration of your treatment. These approaches may include nutritional counseling, diet and lifestyle assessment and modifications, Traditional Chinese medicine & acupuncture, botanical medicine, homeopathy, nutritional therapies such as intravenous treatments and chelation therapy, orthomolecular medicine, hydrotherapy and physical medicine.

Your initial visit to your Naturopathic Doctor will involve a thorough case history, a basic/symptom oriented physical examination, and may involve taking blood and urine samples. If your case requires, the physical may include more specific examinations.

Any therapy, whether gentle or assertive, may cause complications in certain medical conditions. Individual response may be considerably different in each therapy. Certain therapies may be used with caution in certain medical conditions or disease such as heart/liver/kidney disease, diabetes, young children, those currently taking medication or in pregnancy/lactation. Thus, it is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

I understand as a patient, I will receive information about my diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the possible outcomes of not having the diagnosis and/or treatment acted upon. I acknowledge that the Naturopathic Doctor will answer any question I may have to the best of her/his ability. I do not expect the doctor to be able to anticipate, explain or expect all risks and complications. With this knowledge, I voluntarily consent to the above listed diagnostic and therapeutic procedures listed above. Staff is trained to handle emergencies if the need arises.

Health risks associated with Naturopathic Medicine include, but are not limited to:

- Aggravation of pre-existing symptoms during the healing process;
- Allergic reactions to supplements or herbs;
- Pain, bruising or injury from acupuncture;
- Fainting or puncturing of an organ with acupuncture needles;
- Muscle strains and sprains or disc injuries from spinal manipulation.

A Naturopathic Doctor may prescribe supplements, which may be purchased from the clinic or at other local options, such as a health food store. Most insurance companies will not cover supplements that are prescribed and dispensed by a Naturopathic Doctor. I acknowledge that fees for supplements are due at the time of the consultation. As a patient, I take responsibility for the total charges incurred for each visit. I understand that a fee will be charged for any missed appointments or cancellations with less than 24hrs notice.



Privacy Policy

Privacy of your personal information is of importance to Vital Roots Wellness, something we take very seriously. We are committed to collecting, using and disclosing your personal information responsibly. We will take the following steps to respect your personal privacy:

- Only take pertinent personal information;
- Only with your consent or request do we share your information with others outside of our clinic;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- Vital Roots Wellness' privacy policy complies and conforms to privacy legislation and standards of the College of Naturopathic Physicians of British Columbia (CNPBC).

Personal information is collected in order to:

- Assess your health;
- Provide health care;
- Advise you of treatment options;
- Establish and maintain contact with you regarding your appointments, invoicing and follow-up care;
- Send you pertinent information and mailings;
- Facilitate your insurance claims;
- Comply with the legal and regulatory requirements of the *Freedom of Information and Protection of Privacy Act* in British Columbia.

By signing below, you have agreed that you have given your informed consent to examination, assessment and treatment by the Vital Roots Wellness Naturopathic Doctor and that the collection, use, and/or disclosure of your personal information will only be used as outlined above.

Signature: _____

Date: _____

Witness: _____

Date: _____

Print parent/guardian's name: _____
(if under 18 years of age)

Signature of parent/guardian: _____

Date: _____