

Informed Consent

Naturopathic medicine is the treatment and prevention of diseases and disorders by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Using a variety of treatment modalities, gentle, non-invasive techniques stimulate the body's inherent healing capacity.

Traditional Chinese Medicine (TCM)

TCM includes acupuncture, as well as botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of small disposable, sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes Moxa (a compressed herb) or Cupping Therapy is used over the skin at or near specific points on the body in order to stimulate the body's energy. Botanical formulas may be given in the form of pills, tinctures, herbal extract powders or decoctions (strong teas) to be taken internally or used externally as a wash, poultice, salve or fomentation.

Diet and Nutrition

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

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.

Homeopathic Medicine

Homeopathy, developed in the 1700's, is based on the principle of "like cures like". A remedy is selected, which in its crude form would produce in a healthy individual the same symptoms found in a sick person suffering from the specific disease. Minute amounts of natural substances (plant, animal, mineral) are used to stimulate the body's innate ability to heal. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

Physical Medicine & Hydrotherapy

This includes the use of various hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation, therapeutic ultrasound and heating lamps for treating musculoskeletal and neurological problems. Some of these techniques are not performed in this office. Hydrotherapy refers to the use of hot and cold-water applications to improve circulation and stimulate the immune system.

Counseling

Discussion and support regarding your current lifestyle, and the stressors that influence your day to day life may be investigated during your visits. This is not intended as psychotherapy, but rather as a tool to assist you in making healthy decisions in your life.

As Naturopathic Medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Your naturopathic doctor will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment. Your naturopathic doctor will take a thorough case history; do a physical examination, and urine analysis. If required, the physical may include or recommend further laboratory work or specific examinations such as bloodwork, gynecological, breast, rectal, prostate or genital exams.

Declaration and Consent to Treatment

Even the gentlest therapies have their complications. Certain conditions such as pregnancy, lactation, those on multiple medications or who have certain diseases such as diabetes, heart, liver or kidney disease, or are very young need to proceed with caution in treatment. It is very important that you inform your naturopath 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, actively attempting to become pregnant or if you are breast-feeding

There are some potential 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, Acupuncture or Cupping
- Fainting or puncturing of an organ with Acupuncture needles, accidental burning of the skin from the use of Moxa or Cupping
- Muscle strains, sprains or disc injuries from spinal manipulation
- The potential for stroke in neck manipulation

(Tests will be done to screen for this possibility. Clinical research has shown that stroke-like occurrences are rare, occurring approximately 1 in 1.5 million manipulations).

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 when law requires it. I understand that I may look at my medical record at anytime and can request a copy, or have a report drawn up by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that my naturopathic doctor will answer any questions that I have to the best of his/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. I will rely on the naturopathic doctor to exercise their judgment during the course of procedures which they feel are in my best interest, based on the known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions below):

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

THIS IS TO ACKNOWLEDGE that I have been informed and I understand that:

- I. Any treatment or advice provided to me as a patient, is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider;
- II. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider;
- III. No employee, student or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;
- IV. The treatment and therapies rendered or recommended by this Clinic may be different from those offered by a medical doctor or other licensed health care provider.

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive by Kameran Matheson, ND, and hereby authorize and consent to treatment.

I AGREE to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests, administrative fees as well as other applicable fees. I understand that in the case of insufficient funds, an NSF fee of \$25.00 will be charged.

Patient's Full Name: _____
 First Middle Last

Date of Consent: _____
 Day Month Year

Naturopathic Doctor: _____

X _____
 Signature of patient
 or legal guardian

***We require **24 hours notice for cancellation or rescheduling** of your appointment so your time may be filled by someone on the waiting list.

Should the above cancellation/rescheduling notice not be provided, you will be charged a \$35.00 cancellation fee.***