

Dear New Patient,

Naturopathic Medicine is the prevention and treatment of disease by means that support your body's inherent ability to heal itself. This may include dietary and lifestyle counseling, herbal medicines, acupuncture, hydrotherapy, homeopathic medicines, massage and nutritional supplements. As part of your care, I will conduct a thorough case history and perform any necessary physical examinations, including more specific examinations such as breast, rectal, prostate or genital exams with your consent.

As a patient you will be informed about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

Declaration of Informed Consent to Treatment

This is to acknowledge that I, _____ (patient name) as a patient of Dr. Nicole Rush, ND, have been informed and understand that:

- I am at liberty to seek or continue medical care from a physician or surgeon or other licensed health care provider;
- The treatment and therapies rendered or recommended by Dr. Nicole Rush, ND may be different from and are not mutually exclusive of those offered by a medical doctor or other licensed health care provider;
- However rare, there remain some risks to Naturopathic Medicine. These include, but are not limited to: aggravation of pre-existing symptoms, reaction to supplements or herbs, pain/fainting/bruising or injury from acupuncture;
- Dr. Nicole Rush, ND will endeavor to provide the best possible diagnosis and course of treatment, however, no guarantee has been made with respect to any treatment, action, or medical advice given;
- Supplements, remedies, botanicals and laboratory tests are charged separately and are not included in the visit fee.

I have read and understand the above declaration. I am free to withdraw my consent and to discontinue treatment at any time. I give my informed consent to Dr. Nicole Rush, ND to provide naturopathic medical consultation, assessment and/or treatment to me. I intend this informed consent to apply to all my present and future naturopathic care.

Signature of Patient/Parent/Guardian

Date

1288 Commissioners Rd. W.
London, ON. N6K 1E1
(519) 601-5483