Kleinburg Integrative Health
Naturopathy | Chiropractic | Massage | Nutrition | Psychology

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Informed Consent to Naturopathic Treatment

Patient's Name: _____ Phone Number(s):_____

Address: _____ _____

City/Town: _____ Province: _____ Postal Code: _____

Naturopathic medicine offers a comprehensive approach to improving health and treating illness in patients of all ages. It incorporates the art and science of disease diagnosis, treatment, and prevention through the use of natural substances and natural therapies including: *Acupuncture/Traditional Chinese Medicine; Botanical (herbal) medicine; Homeopathic medicine; Physical Medicine (hydrotherapy, Bowtech); Clinical Nutrition; and Lifestyle Counselling.*

Following consultation, your Naturopathic Doctor will determine the best approach in addressing your health concerns and establish a treatment plan. Additionally, referral to other health care professionals may be recommended. Naturopathic therapies can complement conventional medical treatments or be used effectively alone. Be advised that although naturopathic treatments are generally safe, gentle, and effective, individual responses to treatment may vary. Patients are encouraged to discuss their responses to treatment during regular follow-up visits to evaluate their progress and modify treatment if necessary. **Please note that non-compliance and self-prescribing, while undergoing naturopathic treatment, may compromise your overall progress**. ***Additionally, naturopathic medical consultation cannot be provided through e-mail, text, or social media.***

I, _____, consent to the therapeutic procedures/plan as outlined by ***Amita A. Sachdev BScN, R.N., N.D.*** I, the undersigned, do hereby acknowledge that I have been informed of and understand the recommended therapeutic procedures/plan and have discussed to my satisfaction this and any request for related information. I further acknowledge and confirm that I have been informed and understand the therapeutic procedures/plan with respect to the financial costs, expected benefits, and potential risks and side effects; the likely consequences of not following the procedures/plan; and what alternative course(s) of action are available to me.

As a result, I do herby voluntarily consent to the recommended therapeutic procedures/plan as specified above along with any related costs/fees. I also understand that I may alter the status of my informed consent at any time, including the decision to halt a procedure/procedures.

Signature of Patient (or Legal Guardian): _____

Signed on the: _____st/nd/th *day of* _____ *year*_____

Fee Schedule

Private health insurance plans ***MAY*** cover consults, treatments, & tests administered by Naturopathic Doctors. Patients are responsible to inquire about their individual coverage and keep all receipts for reimbursement by their insurance provider. In this consent, patients agree to pay for any expenses and fees not covered by their insurance provider. ***Please note: lab tests may not be covered by your insurance provider.***

Initial consultation (1 – 1 1/2 hrs)	$ 185
Follow Up	$ 80 - 90
Acupuncture	$ 40 - 80
Intravenous Therapy	$ 80 (+ cost of solution)
Phone Consultation (10-15 min)	$ 30

- **All supplement and tests include mark up fees & HST**
- **Missed appointments** will be charged the full appointment fee if 24-hour notice of cancellation is not given.

Initial:_____