

Informed Consent to Treatment

Please note that this form must be read and signed prior to your first appointment.

Naturopathic Medicine is the treatment and prevention of disease by using scientific knowledge to treat with natural forms of medicine. This often includes taking a detailed history and examination to assess the physical, mental, and emotional aspects of the individual. The naturopathic philosophy is to treat the underlying cause of disease. Naturopathic Doctors generally employ gentle, non-invasive techniques, such as Clinical Nutrition, Botanical Medicine, Homeopathy, Hydrotherapy, Chinese Medicine (including Acupuncture) and Lifestyle Counselling. While the best course of action is sought for each patient, there is always the possibility of side effects, adverse reactions and inefficacy of treatment.

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 breastfeeding.

As a patient you will receive information 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.

Dr. Lauren MacIntosh, ND. holds your health and safety in high regard, and welcomes all questions or concerns you may have.

My signature below acknowledges that:

1. I have been informed of and understand that:
 - I. The treatments that I receive at this office are different than those usually offered by a medical doctor or other licensed health practitioners.
 - II. I am at liberty to seek or continue to seek medical care from any other licensed health practitioner.
 - III. I confirm that neither Dr. Lauren MacIntosh, ND., nor anyone else under her control has suggested or recommended that I refrain from seeking or following the advice of another licensed health care provider.
 - IV. All of the information I provide is confidential unless required by law.
 - V. I will inform Dr. Lauren MacIntosh, ND. if there are any parts of my diagnosis or treatment plan that I do not understand, or if I am uncomfortable with any aspect of my care.
 - VI. I am free to purchase any products recommended by Dr. Lauren MacIntosh, ND. from a vendor of my choosing.
2. I declare that I have received a full and complete explanation of the treatment or services that I may receive at this office and hereby authorize and consent to treatment.
3. I agree to pay my full account at the time of each visit including fees for services, cost of supplements and remedies, costs of lab tests and other fees. I am aware that these fees are not covered by MSI.

I, _____, have read, understood, and acknowledge the above statements.

(Patient Signature) Date: _____

(Dr. Lauren MacIntosh, ND. Signature)