

**Consent to Treat a Minor**

**Informed Consent to Treat a Minor with Dr. Lauren MacIntosh, ND**

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 diagnoses or any medications, including over-the-counter drugs that your child is currently taking.

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 child's health and safety in high regard, and welcomes all questions or concerns you may have.

My signature acknowledges that:

1. As my child's legal guardian, I have been informed of and understand that:
  - I. The treatments that my child will 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 for my child.
  - 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.
2. I declare that I have received a full and complete explanation of the treatment or services that my child may receive at this office and hereby authorize and consent to treatment.
3. I agree to pay my child's 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.

Child's Name (please print): \_\_\_\_\_

Child's Legal Guardian (please print): \_\_\_\_\_

I, \_\_\_\_\_, have read, understood, and acknowledge the above statements.

\_\_\_\_\_  
(Guardian's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Dr. Lauren MacIntosh, ND. Signature)