INFORMED CONSENT for NATUROPATHIC SERVICES

Welcome to Resonance Wellness Inc. Resonance Wellness utilizes the principles and practice of Naturopathic Medicine to assist the body's own ability to heal and to improve the quality of life and health through natural interventions.

Your naturopathic doctor will conduct a thorough case history based on a review of your Initial Intake Form. Complaint specific physical exam, autonomic response testing (ART), laboratory testing of blood, saliva and/or urine may be used as part of the diagnostic work-up.

You will receive information about your diagnosis and/or treatment, including suggested courses of action, and expected benefits, risks and potential side-effects of treatments. Potential costs or additional requirements of such interventions will also be discussed. Treatment results are not guaranteed.

Treatments may include nutritional supplementation, dietary counseling, acupuncture, intravenous therapies, homeopathic medicines, and botanical medicines. Please be informed that it is your choice to purchase products directly from our dispensary or from another supplier. You may be referred for other evaluations or therapies as are applicable to your treatment plan. There are in-office paraprofessionals to whom you may be referred. Any practitioner at the clinic you choose to work with will have access to your history to minimize repetition while maintaining complete confidentiality.
Payment is due at the time services are rendered. Payment can be made by cash, cheque, debit, Visa and or MasterCard. The current fee schedule for services is available online and at the front counter.

Cancellations less than 24 hours in advance may incur a fee.

Statement of Acknowledgement

I, _____ as a patient (or legal guardian of _____)
of Resonance Wellness Inc., have read the above information and understand that my care will reflect the Philosophy, Principles and Practice of Naturopathic Medicine.

As Resonance Wellness Inc. is an integrated health clinic, I recognize that all the practitioners working with me will have access to my record. My record will be kept confidential and will not be released without my consent.

I also recognize that even the gentlest therapies potentially have complications in certain physiological conditions such as pregnancy or lactation or in very young children or those on multiple medications. The slight health risks of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture, acupuncture or neural therapy; muscle strains and sprains, disc injuries from spinal manipulations and small risk of stroke with neck manipulation.

The information I have provided to Resonance Wellness is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements.

I am aware that I am free to withdraw my consent and to discontinue treatment at any time.

_____ _____ _____

SIGNATURE DATE WITNESS