



POLO HEALTH + LONGEVITY CENTRE
NATUROPATHIC DOCTOR
PATIENT INFORMED CONSENT AND
ACKNOWLEDGEMENT

Polo Health + Longevity Centre would like to take this opportunity to welcome you. While under your Naturopathic Doctor's care, he/she will use the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve your quality of life and health.

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic physicians assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. The Naturopathic Doctor ("N.D.") at Polo Health + Longevity Centre ("PHLC") will take a thorough case history, perform a physical examination, and on occasion use diagnostic testing involving the collection of blood, urine and/or saliva. Naturopathic examination and therapeutic procedures may include, but are not limited to: physical examination, diagnostic procedures, traditional Chinese Medicine diagnosis, dietary recommendations, acupuncture & herbs, soft-tissue work, spinal & extremity adjustments, botanical medicine, clinical nutrition, lifestyle counseling, hydrotherapy, mesotherapy and intravenous nutritional therapy. If your case requires, the physician may include more specific examinations such as gynaecological or breast exam. As other physical assessment services may not be provided at PHLC, an appropriate referral will be made to another health professional where necessary.

It is very important that you inform your Naturopathic Doctor immediately of any health issues (i.e. heart disease, pacemaker, problems with bleeding or bruising, high blood pressure, diabetes, former plastic surgery, migraines, herpes, etc.) you are suffering from and any medications including over the counter drugs and recreational drugs that you are currently taking, including vitamins, supplements or herbal supplements or remedies. Please advise your N.D. if you are pregnant, suspect you are pregnant or if you are breast-feeding.

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.

I understand that naturopathic medicine may carry some risks of complications and that resolution of symptoms is not guaranteed. These include but are not limited to:

- Allergic reactions to certain supplements, herbs and IV nutrients. Please advise your N.D. of any allergies you may have.
- Some minor discomfort or pain, fainting, inflammation, swelling, blistering, itchiness, bruising or soft tissue injury from venipuncture or acupuncture, mesotherapy or parental therapy. Scarring or skin infection is rare during mesotherapy but a possibility when the skin surface is disrupted.
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains and sprains, disc injuries and vascular events from spinal manipulation.
- Intravenous therapies run the risk of anaphylaxis, though in practice this is rare.
- Anaphylaxis could occur during Allergy Desensitization treatments.
- All N.D.'s at PHLC are trained to handle emergencies should the need arise.

As a patient of PHLC:

1. I confirm that the information I provide is complete and includes all medical information.
2. I understand that the treatment I receive is not mutually exclusive from any other treatment or advice I receive, and I am at liberty to seek, or continue, medical care offered by another qualified health care provider.
3. I confirm that I have the ability to accept or reject the recommended naturopathic treatment of my own free will and choice.
4. I understand that a record of my visits will be kept and that that this record will be kept strictly confidential and not released to any persons without my consent or unless required to do so by law.
5. I have read and understand the fee schedule and I acknowledge that I am responsible for payment of services in full at each visit.
6. I understand that there is a cancellation fee for appointments missed without notice or cancelled with less than 24 hours' notice. The charge will be 50% of the fee for the appointment missed and in the case of a scheduled treatment, the cost of non-reusable products prepared for me. Notice of cancellation or rescheduling must be given during regular clinic hours.
7. I acknowledge that I understand and have been informed of the recommended therapeutic procedures and have discussed these and any other related information with the doctor to my satisfaction.

8. I am here as a patient seeking naturopathic medicine and am not attending the clinic for any other reason or misrepresenting myself in any way to the doctor without making my intention known to the practitioner and/or staff.
9. I understand that the doctor reserves the right to determine when cases fall outside of their scope of practice, in which case the appropriate referral will be recommended.

By signing this document the patient acknowledges the following:

1. Naturopathic medicine may require a thorough case history, physical examination, specific blood and/or urinary laboratory reports as part of the diagnosis and ongoing treatment.
2. There may be instances where your care requires your health history to be shared with specific integrated practitioners from PHLC to minimize repetition of history taking while maintaining complete confidentiality otherwise.
3. Medical information will remain within the clinic and confidential otherwise, unless requested to be released by you or when required to by law.
4. You may and are encouraged to ask questions regarding your treatment. Naturopathic medicine only works if the patient plays an active role in their care. You will be given tasks to undertake between visits and although they may seem trivial at the time it is often those who put forth effort toward healing that experience the greatest results from their treatments and relief from their challenges.

STATEMENT OF ACKNOWLEDGEMENT:

Printed Patient name _____

As a patient of this clinic I have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices.

I understand:

- My ND does not guarantee treatment results.
 - My ND will explain to me the exact nature of any treatment provided and will answer any questions I may have, and I will give consent to treatment based on informed consent.
 - I am free to withdraw my consent and to discontinue treatment at any time.
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PATIENT SIGNATURE

DATE: (Day/Month/Year)

Parental Consent (if applicable)

As the parent/guardian of my child, I _____ (Name), hereby request and consent my child to naturopathic examination and treatment at Polo Health + Longevity Centre. I understand that the Naturopathic Doctor will answer any questions that I have to the best of their ability and do not expect the doctor to

If you are under the age of 19 parent consent is required for naturopathic treatment

SIGNATURE OF PARENT/GUARDIAN

DATE: (Day/Month/Year)