



Nickel Ridge Physiotherapy

Naturopath - Massage Therapy

INFORMED CONSENT

Welcome you to Nickel Ridge and congratulations on prioritizing your health! I am privileged to help you on your journey towards better health. I use the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal. I will conduct a thorough case history, a physical exam, and possibly specific laboratory testing as appropriate. My treatment strategies are based on current scientific research as well as ancient medicinal wisdom. We will work together to determine what the most effective steps forward will be. Please keep me informed about any changes or missed information that may (and very likely) relate to your health.

STATEMENT OF ACKNOWLEDGEMENT

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 that my treatment will be based in naturopathic medicine, which has a proven clinical foundation, yet may not be accepted practice by standard conventional medicine. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy, and all medications (including over the counter drugs and supplements). 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 acupuncture. As Naturopathic Doctors tend to provide support between visits, I agreed to potentially correspond via email with my ND and the clinic's receptionist.

I also confirm that I have the ability to accept or reject this care of my own free will, and that I am choosing naturopathic care for my own personal health. I accept full responsibility for any fees incurred during care and treatment.

I, _____ have read, understood and acknowledge the above statements, and give Dr. Cayla Bronicheski, ND. consent to treatment by naturopathy.

I would like my Naturopathic Doctor to send my family physician or midwife a summary report of diagnoses and treatment plan to ensure I am getting to the best collaborative care possible.

Date: _____ Signature: _____