

Patient Consent to Treatment Form

Pure Health Wellness Clinic
Leena Kim Naturopathic Doctor
219 Roncesvalles Avenue, Toronto, ON
M6R 2L6

PATIENT CONSENT TO TREATMENT FORM

PURE HEALTH WELLNESS CLINIC

1. I understand that Leena Kim is a Naturopathic Doctor, not a Medical Doctor and will use natural, non-invasive methods of assessment and treatment of conditions.
2. I understand that the methods used by the Naturopath have a proven clinical foundation yet may not be accepted practice by standard allopathic medicine.
3. I understand that my treatment will be based on assessments made through personal history, physical examination, laboratory testing or other appropriate methods of examination.
4. I understand that my Naturopathic Doctor reserves the right to determine which cases fall outside of her scope of practice, in which event an appropriate referral will be recommended.
5. I am accepting or rejecting care by my own free will.
6. I understand that the ultimate responsibility for my health is my own and that the N.D. is here to support me in this. The N.D. reserves the right to discontinue services where it is apparent that your expectations and what the N.D. provides are not in agreement.
7. I understand that services are not covered by OHIP and that fees are payable at the time of the appointment by the patient, parent or guardian.
8. I understand that any therapies recommended will be explained to me in full by the N.D. and that I will give consent to treatment based on informed consent.
9. I understand that 24 hours notice is required for appointment cancellation, otherwise I will be responsible for a partial fee.
10. I _____ have read, understood and agree to the above statements.

Signature: _____

Date: _____