



Children's Patient Agreement Form

Informed Consent:

Naturopathic medicine is the treatment and prevention of disease by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional, spiritual and environmental factors, all of which play a role in an individuals' health. Gentle, non-invasive modalities of treatment are employed to stimulate the body's inherent healing capacity. These modalities include, but are not limited to; diet and nutritional supplements, botanical medicine, homeopathy, Traditional Chinese Medicine and acupuncture, hydrotherapy, massage, physical medicine, as well as psychotherapeutic and lifestyle counselling.

- As the guardian of a patient of the Cure Integrative Clinic, I hereby acknowledge that I am willing to provide Dr. Nesreen Hassan, ND with the information necessary for them to fully understand my dependant's medical history, presenting symptoms, and health goals we wish to achieve in our work together.
- I thereby consent to a thorough case history and relevant physical examination. I understand that Cure Integrative Clinic will keep a record of my dependant's personal health information and of the services provided to him/her. This record will be kept confidential and will not be released to others unless so directed by myself or unless required by law.
- I understand that the Cure Integrative Clinic will act as the Health Information Custodian for my dependant's personal and health information. If my dependant is seeing more than one practitioner at the Integrative Clinic, I imply consent for them to share and discuss my dependant's file as deemed necessary by the practitioners, to ensure that my dependant receives care most appropriate for his/her condition.
- I understand that naturopathic medicine can be employed in conjunction with other forms of therapy and need not be considered exclusively beneficial. I acknowledge that one method of treatment need not be chosen over others and that various methods often work best in conjunction with one another.
- I recognize that even the gentlest forms of treatment potentially have their risks and complications. The risks associated with Naturopathic medicine include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to supplements or herbs, interactions with prescription medications, or pain, bruising, fainting or injury from acupuncture.
- As with all forms of therapy, I understand that naturopathic treatment also has its limitations and thus I understand that the results are not guaranteed. Nor do I expect the naturopathic doctor at Cure Integrative Clinic to be able to anticipate and explain all risks and complications prior to treatment. With this knowledge, as the guardian of a patient of Cure Integrative Clinic, I voluntarily consent to Naturopathic care and I intend for this consent form to cover my dependant's entire course of treatment. I understand that I am free to withdraw consent at any time.
- Twenty-four hours notice is required when cancelling or changing an appointment. Otherwise, I understand that I will be charged for 50% of the missed appointment fee.

Patient name (Please print): _____ **Guardian name:** _____

Signature of Patient or Guardian: _____ **Date:** _____