



Complete Wellness Clinic

327 Bronte.St.South, Unit 14
Milton, ON. L9T 4A4 (905) 875-2288

INFORMED CONSENT TO NATUROPATHIC PROCEDURES

Patient Name _____ Phone No. _____
Address _____ Attending ND _____
City/Town _____ Province _____

NATUROPATHIC/BOWEN PROCEDURE(S)
(including those by referral to another practitioner)

Acupuncture/Traditional Chinese Medicine Botanical Medicine
Bowen Therapy Clinical Nutrition
Homeopathic Medicine Hydrotherapy
Naturopathic Manipulation Prevention & Lifestyle Counseling

I, the undersigned, do hereby acknowledge that I have been informed of and understand the recommended procedure(s) and/or necessary diagnostic procedures, and have discussed to my satisfaction this and any requests for related information with the naturopathic doctor named above and/or with her office or clinical assistant(s). I further acknowledge and confirm that I have been informed of, and understand the procedure(s) with respect to the financial costs, expected benefits, potential risks and side effects; the likely consequences of not having the procedure(s), and what alternate course(s) of action are available to me.

As a result, I do hereby voluntarily consent to the recommended procedure(s) as specified above. I also understand that I may change the status of my voluntary informed consent at any time.

Patient or Lawful Representative Signature Date Signed