



Foundation for Integrated Health

Declaration and Consent for Naturopathic Care

I would like to take this opportunity to welcome you to our clinic. As a naturopathic doctor I will conduct a thorough case history, and a physical exam and blood, urinary or other laboratory reports if indicated. I integrate supportive therapies such as nutrition, herbal medicine, homeopathy, acupuncture, physical medicine and lifestyle counseling to assist the body's ability to heal and improve the quality of life and health.

I understand that the form of medical care I am seeking from Dr. McGee is based on **naturopathic** and other supportive principles and practices. I recognize that even the gentlest therapies potentially have complications. The information I have provided is complete and inclusive of all health concerns including possibility of pregnancy and all current medications, including over the counter drugs. Slight health risks of some naturopathic treatments include, but are not limited to:

- Temporary aggravation of pre-existing symptoms
- Allergic reaction to supplements or herbs
- Pain, fainting, bruising or injury from venipuncture or acupuncture

I also recognize the following:

- I will be given the opportunity to discuss and consent to any treatment.
- I am at liberty to seek or continue medical care from a medical doctor or other healthcare provider. I understand results are not guaranteed.
- I understand that a record will be kept of my visits. This record will be kept confidential and will only be released with my consent. I understand that I may look at my medical records at any time and can request a copy of them.
- I am responsible for payment at the time services are rendered. Dispensary items must be paid for in full before leaving the office.
- I am aware that 24 hours notice must be given for all cancelled appointments or a cancellation fee will be applied.
- I understand that Dr. McGee reserves the right to determine which cases fall outside of her scope of practice, in which case the appropriate referral will be recommended.

I consent to receive naturopathic treatment from Dr. Karen McGee I understand this consent is voluntary and may be revoked at any time.

Signature: _____ Date: _____