

## Informed Consent

**Homeopathic Medicine:** Homeopathy, first developed in the late 1700's, is based on the principle of "like cures like". In practice, this means that a medicine capable of producing certain symptoms when taken by a healthy human is capable of curing any illness that displays similar effects. Homeopathy treats the patient as a whole and as an individual. There is no specific medicine for a particular disease. There is a medicine for THE PERSON suffering from the disease. The homeopath takes into consideration all of the symptoms that distinguish a person as an individual. This includes details of the patient's past and family history, temperament, dietary habits, sleep, etc.

Your homeopath will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment. Your homeopath will take a thorough case history. If required, a physical examination may include measuring blood pressure, taking of pulse and the use of a stethoscope to listen to breathing and heartbeat, all in accordance with the scope of practice for a registered homeopath in Ontario.

### Declaration and Consent to Treatment

Even the gentlest therapies have their complications. Certain conditions such as pregnancy, lactation, those on multiple medications or who have certain diseases such as diabetes, heart, liver or kidney disease, or are very young need to proceed with caution in treatment. It is very important that you inform your homeopath immediately of:

- any disease process that you are suffering from
- any medication or over the counter drugs you are taking
- pregnancy, suspected pregnancy, or if you are actively attempting to become pregnant, or if you are breast-feeding.

There are some potential health risks to treatment by Homeopathic Medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself when the law requires it. I understand that I may look at my medical record at anytime and can request a copy or have a report drawn up by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that my homeopath will answer any questions that I have to the best of his/her ability. I understand that results are not guaranteed. I do not expect the homeopath to be able to anticipate and explain all risks and complications. I will rely on the homeopath to exercise their judgment during the course of procedures which they feel are in my best interest, based on the known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

**THIS IS TO ACKNOWLEDGE** that I have been informed and I understand that:

Any treatment or advice provided to me, as a patient is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider:

- I. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario
- II. No employee or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider
- III. The treatment and therapies rendered or recommended by this Clinic may be different from those offered by a medical doctor or other licensed health care provider.

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive at (name of clinic and homeopath removed) and hereby authorize and consent to treatment. I acknowledge that the homeopathic consultations are not covered by OHIP and I accept full responsibility for any fees incurred during care and treatment.

I AGREE to pay my full account at the time of each visit or treatment, including fees for services and cost of remedies. I understand that I must give 12 hours notice to change or cancel an appointment. If I do not follow this cancellation policy, or simply do not show up for my appointment, I agree to pay the full cost of the appointment.

Patient's Full Name: \_\_\_\_\_

Date of Consent: \_\_\_\_\_

Signature of patient or legal guardian: \_\_\_\_\_

Signature of Homeopath/ Witness: \_\_\_\_\_