

**PLEASE NOTE THAT THIS FORM MUST BE SIGNED AT
YOUR 1ST APPOINTMENT**

**CCNM IHC
Private Naturopathic Medical Practice of Jonathan E. Prousky, MSc, ND:
INFORMED CONSENT**

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Jonathan Prousky MSc, ND will take a thorough case history, perform a screening physical examination, and take blood and urine samples if necessary.

It is very important that you inform Jonathan Prousky, MSc, ND immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise Jonathan Prousky, MSc, ND immediately: if you are pregnant, suspect you are pregnant or you are breast-feeding.

There are some slight health risks associated with treatment by naturopathic medicine.

These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from venipuncture or acupuncture or parental therapy
- Fainting or puncturing of an organ with acupuncture needles, accidental burning of the skin from the use of moxa

- Muscle strains and sprains, disc injuries from spinal manipulation
- The potential for stroke is a concern in neck manipulation, but the intern will screen the patient thoroughly prior to manipulating the neck

I understand;

- 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 law requires it or if I give my written consent. I realize that in rare instances courts may subpoena my medical records, which means that my records will have to be released.
- Jonathan Prousky, MSc, ND will have to report me in the following instances: when I am in imminent danger of harming myself or others, when there is reasonable suspicion that I am neglecting and /or emotionally, physically or sexually abusing a minor, and if I engage in sexual relations with any of my healthcare providers.
- I may access my medical records at anytime and can request a copy by paying the appropriate fee.
- Jonathan Prousky MSc, ND does not guarantee treatment results. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications. I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for:

I recognize that this consent form covers 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.

I have read this statement and agree to work within its guidelines, including the limits of confidentiality.

Patient Name: (Please Print name: _____)

Signature of Patient or Guardian: _____ Date: _____

Intern: _____

Supervisor: _____