



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

Informed Consent to Naturopathic Treatment

WELCOME TO OUR CLINIC

Welcome to our CLINIC. We congratulate you on having chosen a personalized and innovative method of health care. At our clinic, our focus is on PREVENTION and EDUCATION as well as TREATMENT of your specific problems. Since your current health problems may well be an indicator of underlying imbalances, we conduct a detailed case history and a complaint oriented physical examination.

As a patient, you will receive information about your diagnosis, your treatment, and alternative courses of action. You will also be advised of the material effects, costs, expected benefits, risks, side effects, and consequences of not acting upon your diagnosis or treatment.

There are some slight health risks associated with treatment by naturopathic medicine. These include but are not limited to:

- Some patients experience allergic reactions to some supplements and herbs.
- Pain, bruising, fainting or injury from taking blood tests or from acupuncture.
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains, sprains, and disc injuries from spinal manipulation.
- There is a very small potential for stroke in neck manipulation. Patients are screened prior to manipulating the neck for potential contraindications.
- Possible aggravation of pre-existing symptoms after Naturopathic treatments.
- Bruising from cupping
- Inconvenience from lifestyle changes

Your naturopathic doctor is trained to handle emergencies should the need arise.

All female patients must inform the doctor if they are currently pregnant/breastfeeding or suspect that they are pregnant as some of the therapies used could present as a risk to the pregnancy.

Naturopathic examinations, treatments and remedies are not covered by the Ontario Health Insurance Plan (OHIP). They may be covered by extended health insurance at your place of employment, and you may consult with your insurance company directly.

Prepared by Dr. Mojan Zehtabchi, BSc, ND



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

Please check off which therapies you wish to focus on during your treatments:

- Acupuncture (traditional Chinese medicine)
- Physical therapies (massage, cupping, TENS, spinal adjustments)
- Infrared sauna (detoxification)
- Clinical nutrition (diet)/ nutraceuticals/supplements/Botanical medicine/ Lifestyle counseling
- Homeopathy

STATEMENT OF ACKNOWLEDGEMENT

As a patient of this naturopath, I _____ have read the information and understand that the form of medical care I will be receiving is based on Naturopathic principles and practices. I hereby acknowledge that I have been informed and understand the recommended diagnostic and therapeutic procedure(s)/plan and have discussed them to my satisfaction. I also recognize that even the gentlest forms of therapies have potential complications, and I release Dr. Zehtabchi from any responsibility of such complications. I acknowledge and confirm that I have been informed of the diagnostic/therapeutic procedures with respect to financial costs, potential risks and side effects, expected benefits, the likely consequences of not having/following the provided recommendations and what alternative course(s) of action are available to me.

I also acknowledge that:

1. Any treatment or advice provided to me as a patient of Mojan Zehtabchi, BSc, ND is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider;

Prepared by Dr. Mojan Zehtabchi, BSc, ND



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

2. 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/Canada.
3. Mojan Zehtabchi BSc, ND has not suggested or recommended to me to refrain from seeking or following the advice of another licensed health care provider.
4. The treatment and therapies rendered or recommended by Mojan Zehtabchi BSc, ND may be different from those usually offered by a medical doctor or other licensed health care provider. ‘
5. 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 or unless it is required by the law.
6. I understand that I can withdraw my consent at any time.
7. I understand the clinic does not guarantee treatment results
8. I understand that supplements, remedies, botanicals, laboratory tests, and other goods and services are charged separately and are not included in visit fees.

Note : You will be informed in advance of any additional fees. You will be informed in advance if any fees change. There will be no refunds or exchanges on any goods or services provided.

9. **Cancellations made without 24 hours notice or missed appointments will be charged a full visit fee**

I declare that I have received a full and complete explanation of the treatment or services that I may receive by Dr. Mojan Zehtabchi BSc, ND and hereby authorize and consent to treatment

Prepared by Dr. Mojan Zehtabchi, BSc, ND



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

by Dr. Mojan Zehtabchi, BSc, ND. *I intend this consent to apply to all my present and future naturopathic care.*

Dr. Mojan Zehtabchi reserves the right to change this disclaimer and the medical consultation form at any time, including the price of consultations. I have read and understood the terms and conditions.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian Name (if under 18 years old): _____

Parent/Guardian Signature (if under 18 years old): _____ Date: _____

Naturopathic Physician Signature: _____