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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 capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include dietary modification and nutritional supplementation, botanical medicine, homeopathy, traditional Chinese medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counseling. Bowen therapy may also be used, as well as bio-identical hormones.

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, or in those with multiple medications. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important therefore that you inform your Naturopath immediately of any disease process that you are suffering from or if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding, please advise your Naturopath immediately.

There are some slight health risks to 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 acupuncture

Your Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or at other local health stores. Most insurance companies do not cover the supplements prescribed and dispensed.

Informed Consent

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. 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 the law requires it. I understand that the Naturopathic Doctor will answer any questions that I have to the best of her ability but that results are not guaranteed. I will rely on the Naturopathic Doctor to exercise judgment during the course of the procedure which she feels at that time is in my best interest, based on the facts then known. With this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above.

Patient Name (*please print*): _____

Signature of Patient or Guardian: _____

Date: _____

Naturopathic Doctor: _____

Privacy Policy

Privacy of your personal information and protecting your personal information is something I take very seriously. I am committed to collecting, using and disclosing your personal information responsibly.

- Only necessary information is collected about you;
- Only with your consent do I share information with others outside the clinic;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protocols;
- My privacy policy conforms to privacy legislation and standards of the Board of Directors of Drugless Therapy – Naturopathy.

Personal information is collected in order to:

- Assess your health;
- Provide health care;
- Advise you of treatment options;
- Establish and maintain contact with you regarding appointments, invoicing and follow-up care;
- Send you pertinent information and mailings;
- Facilitate your insurance claims;
- Allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale;
- Comply with the legal and regulatory requirements of the Drugless Practitioners Act.

By signing below, you have agreed that you have given your informed consent for the collection, use and/or disclosure of your personal information as outlined above.

Patient Name (*please print*): _____

Signature of Patient or Guardian: _____

Date: _____

Naturopathic Doctor: _____