



Patient Consent Form

66 Wellington Street West
Toronto, ON M5K 1G8

Dr. Melissa Piercell, BScH, ND
416-854-8732
m.piercell@newleafmed.ca
www.newleafmed.ca

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR FIRST APPOINTMENT

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental and emotional aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. During your initial appointment, Dr. Melissa Piercell, ND will take a thorough case history, perform a physical examination and review pertinent laboratory reports. It is very important that you inform her immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise her immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding. As a patient of this clinic you will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks and side effects. There are some slight health risks associated with treatment by naturopathic medicine. There include but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation or pre-existing symptoms. When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise me of any allergies you may have.
- Pain, bruising, or injury from acupuncture.
- Fainting or puncturing an organ with acupuncture needles.
- The staff at this clinic are trained to handle emergencies should the need arise.

I UNDERSTAND:

- This Naturopathic Doctor does not guarantee treatment results.
- That Dr. Piercell, ND will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.

I CONSENT:

- To treatment as described by Dr. Melissa Piercell, BScH, ND

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Patient Name [Please print]: _____

Signature of Patient or Guardian: _____

Naturopathic Doctor: _____ Date: _____

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