**INFORMED CONSENT TO NATUROPATHIC CONSULTATIONS WITH RUBY MAALOUF, ND**

Naturopaths assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are used in order to stimulate

the body’s inherent healing capacity. The naturopathic consultation is not intended to diagnose or

cure any physical or psychological disease, nor is it a substitute for medical care by your physician.

It is very important that you inform your naturopath of any disease processes that you are suffering from and if you are on any prescription or over-the-counter medications. Also, if you are pregnant, suspect you are pregnant, are planning to become pregnant or you are breast-feeding, please advise your naturopath immediately.

Naturopathic medicine utilizes the following therapies: traditional Chinese medicine (excluding acupuncture), botanical (herbal) medicine, nutraceutical therapy, homeopathy, hydrotherapy and lifestyle counseling.

I understand that with this approach, and in collaboration with other health care professionals I consult, I accept to be an active participant responsible for my actions and decisions that impact my well-being.

I understand that a record will be kept of the recommendations provided to me. This record will be kept confidential and will not be released unless law requires it. I understand that I may request a copy of my record at any time by paying the appropriate fee.

I understand that my naturopath cannot guarantee the success of the approaches used nor can he/she be expected to anticipate and explain all the risks and complications that might be associated. With this knowledge, I voluntarily consent to the approaches mentioned above.

I hereby confirm that my presence at the naturopathic consultations, with Ruby Maalouf, is under my true identity, without a hidden camera and not as an investigator of a professional order, a journalist or other person, and that it is not intended to scrutinize the naturopath.

I intend this consent form to cover the entire course of my naturopathic journey. I also understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

Patient Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RUBY MAALOUF, ND, CCN, ABAAHP**

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