



Tara O'Brien HB.Sc., N.D
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Informed Consent

I would like to take this opportunity to welcome you to The Yonge and Sheppard Health Centre. This Clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

We will conduct a thorough case history. A physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Tara O'Brien HB.Sc. (KINS), N.D. will have access to your history to minimize repetition while maintaining complete confidentiality.

Statement of Acknowledgement

As a patient of this clinic I, _____ (patient name) have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices. As The Yonge and Sheppard Health Centre is an integrated health clinic, I recognize that all the practitioners that are working with me will have access to my file. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements. The slight health risks of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture or acupuncture; muscle strains and sprains, disc injuries from spinal manipulations.

I also confirm that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. I accept full responsibility for any fees incurred during care and treatment.

PATIENT NAME

DATE

WITNESS

SIGNATURE OF PATIENT OR GUARDIAN