



Dr. Holly Giannatselis, HBSc, MSc, ND  
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## INFORMED CONSENT

**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, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Dr. Holly Giannatselis will take a thorough case history, may perform a physical examination and take blood and urine samples. If your case requires, the physical exam may include more specific examinations such as gynecological, rectal, prostate or genital exams.

It is very important that you inform Dr. Holly Giannatselis immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise Dr. Holly Giannatselis immediately if you are pregnant, suspect you are pregnant or if you are breastfeeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

The staff is trained to handle emergencies should the need arise.

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

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise Dr. Holly Giannatselis of any allergies you may have.
- Pain, bruising or injury from venipuncture or acupuncture or parenteral therapy.
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.

I understand:

Dr. Holly Giannatselis cannot guarantee treatment results.

Dr. Holly Giannatselis 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.

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

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

Naturopathic Doctor: \_\_\_\_\_