

∞ Nature Cures Naturopathic Clinic ∞

Dr. Cathy Picard, Naturopathic Physician
250 Eddie Dowling Hwy., N. Smithfield, RI 02896
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INFORMED CONSENT

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Physicians assess the whole person, taking into consideration the physical, mental, emotional and spiritual aspects of each individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's innate healing capacity.

A number of different approaches may be used within the course of treatment. Treatment modalities include dietary counseling and nutritional supplements, botanical medicine, homeopathy, hydrotherapy, physical medicine and lifestyle counseling.

Individualized diets and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, improved gastrointestinal function and immunity and general well-being.

Botanical Medicines are plant based therapies that may involve the use of herbal teas, tinctures, capsules and other forms of herbal preparations used to assist the body in recovery from injury or disease. They may also be recommended as tonics for health maintenance.

Homeopathy is a form of medicine based on the idea that a substance that causes certain symptoms in a healthy person can, in turn, treat those same symptoms in a person who is ill. Minute doses of plant, animal or mineral origin are used to stimulate the body's ability to heal itself. Homeopathy is a gentle yet powerful therapy that allows healing on a physical and emotional level. Conditions that do not respond to conventional therapies are often helped by homeopathy.

Physical Medicine refers to hands on techniques such as soft tissue manipulation that are useful in treating musculoskeletal and neurological issues. Dr. Picard is trained in the use of **Bowenwork soft tissue technique**. This form of treatment involves gentle soft tissue manipulations that stimulate energetic movement within the body. This therapy balances energy and the nervous system while initiating muscle rebalancing and structural realignment. Bowen is gentle and useful for patients of all ages. It is non-invasive and can be applied over clothing. It may be recommended for musculoskeletal complaints, chronic pain, neurological conditions, fertility problems, urinary issues, asthma, hayfever, headaches and chronic disease.



Hydrotherapy refers to the use of various hot and cold water applications that are used to improve circulation and stimulate the immune system. Lifestyle counseling involves identifying risk factors and making recommendations to help optimize one's physical, mental and emotional environment.

During your initial visit, Dr. Picard will gather a thorough health history, may do pertinent physical examination and may order lab testing to aid in her assessment of your condition.

Even the gentlest therapies may cause complications in certain physiological conditions (e.g. pregnancy, lactation, very young children or those taking multiple medications). Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is important that you inform your physician immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you may be pregnant or you are breast-feeding, notify your doctor immediately.

There are slight risks associated with Naturopathic Medicine, they include but are not limited to :

- Aggravation of pre-existing symptoms due to the body's attempt to discharge and heal.
- Allergic reaction to supplements or herbs.

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INFORMED CONSENT CONTINUED

By initialing by the passages below you signify your understanding and acceptance of the information that follows.

_____ I understand that Dr. Picard is a Naturopathic Physician licensed to provide care in accordance
initials with the regulations of the RI Board of Health and Board of Naturopathic Examiners

_____ I have been given a copy of the "Complementary and Alternative Health Care Bill of Rights"
initials in accordance with regulations set forth by Rhode Island State law.

_____ I understand that a record will be kept of the health care services provided to me. This record will
initials be kept confidential and will not be released to others without my consent, unless required by law.
I understand that I may look at my medical record at any time and can request a copy of it by
paying the appropriate fee.

_____ I understand that Dr. Picard will answer any questions that I may have to the best of her ability
initials and will do research to further her understanding of my condition. I understand that the treatment
will require active participation on my part and that results are not guaranteed. I do not expect
the doctor to anticipate all possible risks and complications. With this knowledge, I voluntarily
consent to diagnostic and therapeutic procedures as mentioned above.

_____ I understand that fees for procedures and services are to be paid at the time of the visit unless
initials specific arrangements have been made prior to my scheduled appointment. I understand that
payment of all dispensary items are due at the time of the visit.

_____ I understand that a fee will be charged for any missed appointments or cancellations made with
initials less than 24 hours notice.

_____ The doctor may wish to convey certain information regarding your treatment via electronic mail.
initials Your signature here indicates you consent to this practice. You have the right to decline and we
will only use the phone for contact with you. If you have a new or acute issue, this cannot be
addressed via e-mail but will require a consult either in person, over the phone, or via Skype.

As the patient, you are responsible for the total charges incurred at each visit. Payment is accepted in the form of cash, check, Visa or MasterCard.

Dr. Picard may prescribe natural substances that can be purchased at Nature Cures Clinic or elsewhere. Most insurance companies do not provide coverage for the products we prescribe and dispense.

I attest that I have read and understand the above policies and information. 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 treatment at any time.

Patient Name (please print): _____

Date: _____

Signature of patient or legal guardian: _____