BODY FLEX PHYSIO AND REHAB CLINIC

unit 201 , 3050 confederation parkwy,
Mississauga ON L5B 3Z6

Mutual Understanding and Consent for Naturopath

Patient Name: _____ **Gender:** _____
Date of Birth: _____ **Phone Number:** _____
Address: _____

Emergency Contact Name & Phone: _____

I understand that naturopathic care is intended to support overall health and wellness through natural and evidence-informed therapies. The practitioner has explained the nature of the proposed assessment and treatment, including potential benefits, risks, and alternatives, to the best of their knowledge.

I acknowledge and understand that:

- Naturopathic treatment may include dietary and lifestyle counseling, nutritional supplementation, herbal medicine, physical therapies, and other therapies within the practitioner's scope of practice.
- No guarantees or promises have been made regarding the outcome of treatment.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I may refuse or discontinue treatment at any time.
- Open communication between the practitioner and patient is important for safe and effective care.

By signing below, both parties confirm their mutual understanding of the proposed naturopathic care and consent to proceed with treatment.

Patient Signature: _____

Date: _____

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1. **Main Reason for Visit:**

   _____

2. **Current Symptoms**

☐ Fatigue ☐ Digestive Issues ☐ Headaches/Migraines
☐ Stress/Anxiety ☐ Sleep Concerns ☐ Hormonal Concerns
☐ Weight Concerns ☐ Skin Concerns ☐ Pain/Inflammation
☐ Allergies ☐ Other: _____

Describe your symptoms and how long you have experienced them:

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3. **Current Medications:** _____
4. **Allergies or Sensitivities:** _____
5. **Lifestyle Assessment:**

Nutrition:

How would you describe your diet?
☐ Excellent
☐ Good
☐ Fair
☐ Poor

Daily water intake: _____
Caffeine intake: _____
Alcohol intake: _____

Food restrictions or special diet: _____

Sleep

Average hours of sleep per night: _____

Additional Information

Anything else you would like the practitioner to know?