



PEARL NATURAL HEALTH

Consent to Treatment

This is to acknowledge that I have been informed and understand that:

1. Any treatment or advice provided to me as a patient of Pearl Natural Health is not mutually exclusive from any other treatment or advice that I may be receiving now or in the future, from another healthcare provider.
2. I am at liberty to seek or continue medical care from a physician, surgeon, or other healthcare provider.
3. No physician, healthcare provider, or staff member of Pearl Natural Health is recommending that I refrain from seeking or following the advice of another licensed healthcare provider.
4. Naturopathic, homeopathic, or Chinese medical therapies provided by this clinic may be different from those usually offered by another licensed healthcare provider.
5. Naturopathic, homeopathic, or Chinese medical treatments can lead to a temporary aggravation of symptoms which are considered part of a healing reaction. On rare occasions, aggravations do not disappear quickly and may indicate a problem with the medicine. Should I experience any symptoms which I associate with natural medicines prescribed, I understand that I should call my healthcare provider.
6. Acupuncture is performed by the insertion of needles through the skin, and/or by the application of heat (moxabustion) to the skin at certain points on or near the surface of the body in an attempt to treat pain, disease, or other dysfunctions. Adverse side effects may result. These could include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to acupuncture treatment. If I experience any problems or unusual sensations, I understand that I should call my acupuncturist and report symptoms as soon as possible.
7. I have read and understand the above and have had an opportunity to ask questions. I hereby consent to treatment.

Signature of patient or legal guardian

Date