

U-VALUE -U Declaration

I would like to take this opportunity to welcome you to U-VALUE-U!

At U-Value-U, our Naturopathic Practitioner obtains a thorough health history, evaluates your needs, and may recommend testing of specimens such as blood and urine to provide you with the best treatment and develop an individualized plan of care. We offer supportive therapies to foster the body's natural healing capacity and improve/promote optimal health and well-being. Different modalities that may be recommended may include nutritional counseling, zone therapy, lifestyle counseling, iris reading, botanical medicines, supplementation and universal therapy.

I hereby of legal age and sound mind give consent to treatment.

*Notice to pregnant women: all female patients must alert the practitioner if they know or suspect that they are pregnant as some therapies could present a risk during pregnancy.

Statement of Acknowledgment

Printed Name: _____

Signature: _____

U-VALUE -U Informed Consent to Naturopathic Services

As a client of U-VALUE-U, I have read the information and understand that the form of health services rendered is based on Naturopathic practices and other supportive principles and practices. I recognize that even the most benign therapies can potentially have their complications. The information provided is complete, accurate, and inclusive of all concerns including the risks of pregnancy and all medications, including prescription, over the counter drugs and supplements.

Slight health risk of naturopathic treatments include, but are not limited to temporary aggravation of pre-existing symptoms, allergic reaction to supplements/herbs, pain or dizziness. I am also aware that it will be my responsibility to be vigilant to any changes in my body that may be related to my treatment and inform the practitioner if I should have concern/s. With this knowledge I voluntarily consent to the above services, realizing that no guarantees have been given to me by the practitioner.

I understand that I am free to withdraw my consent and to discontinue participation in any services at will. I have had full opportunity, before signing this Informed Consent document, to ask any questions of my Naturopathic Practitioner about the various diagnostic tests or alternative recommendations that are offered.

I understand that the Naturopathic Practitioner reserves the right to determine which cases fall outside of her scope of practice, in which event an appropriate referral or recommendation may be made. I understand that a record will be kept of the services that have been rendered to me and that U-Value-U will not share, distribute or release any of my personal information to others unless a written consent to release a specified document is on file. I understand that I can view my record anytime and can request for copies of my records after paying a processing fee.

I understand that my Naturopathic Practitioner will answer any questions that I have to the best of her ability. I do not expect her to anticipate and explain all the risks, side effects, and complications. I will rely on the Naturopathic Practitioner to use her judgment while providing consultation, which she determines to be in my best interest. I will contact my Practitioner as soon as possible if I believe that I am experiencing any unexpected, unusual or adverse events that may be connected with any suggested recommendations.

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