



INFORMED CONSENT

I am aware that in accepting treatment from Dr. Alicia Cole, ND at Bella Fiore Klinik, I may experience differences in the types of treatment provided by Naturopathic doctors versus Medical doctors, but not in quality of care. At this time it is my decision to pursue Naturopathic treatment for my health conditions.

I understand that treatment may include diagnostic testing, manual therapy, supplements, nutritional and lifestyle counseling, referrals to outside providers/specialists, or any other treatment modalities as agreed between myself and the Doctor. I also understand there is no guarantee that the course of treatment will offer complete resolution to any or all conditions. I have been informed that naturopathic medicine is a generally safe method of treatment, but that it may have some side effects. The Doctor will inform me of any known side effects or interactions, but I understand she cannot anticipate all possible reactions. I will notify the Doctor of any side effects or reactions to treatment. The herbs, remedies and nutritional supplements that may be recommended are traditionally considered safe, although some may be toxic when taken above the recommended dosage. I understand that some herbs and supplements may be inappropriate during pregnancy or breastfeeding. I will notify the naturopathic doctor who is caring for me if I am or become pregnant or if I am currently breastfeeding.

I understand that I am free to withdraw my consent and to discontinue participation in any phase of treatment at any time.

Signature

Date

Patient Name (please print)