



Kelly Wallace, B.Sc., N.D.

Informed Consent to Treatment – Flu Clinic

Name: _____ Address: _____
Phone Number: _____
Email: _____
Date of Birth: _____ Age: _____

Do you currently have any of the following conditions?

Diabetes	Autoimmune disease (Lupus, Scleroderma...)
Daisy allergy	Multiple sclerosis
Iodine allergy	HIV/AIDS
Tuberculosis	Chronic viral disease
Leukemia	

This consent form applies to clients receiving the homeopathic alternative to the flu shot from the Kelly Wallace, Naturopathic Doctor (N.D.) at the Wallace Integrated Health Centre.

I understand that my N.D. keeps a record of the services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or unless the law requires it. I understand that I must pay for all services when rendered. I understand that information from my medical records may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that my N.D. will answer all questions that I have, to the best of her ability, in a manner which I can comprehend. I understand that results are not guaranteed with the homeopathic alternative to the flu shot. I understand that there are some slight risks associated with homeopathic treatments, which may include, but are not limited to the aggravation of pre-existing symptoms. I will rely on my N.D. to exercise the best judgement in my interests, based on the facts and findings then known. With this knowledge, I voluntarily consent to the therapeutic procedure mentioned above. I indicate my willingness to participate by releasing Kelly Wallace, N.D. and the Wallace Integrated Health Centre from claims, causes of action and all liabilities in connection with any unlikely potential negative effects, from myself, my heirs and executors.

I intend for this consent to cover the homeopathic alternative to the flu shot. I understand that I am free to withdraw my consent and discontinue my participation at any time.

Client signature: _____ Date: _____

Signature of N.D.: _____ Reg. #: _____

Would you like a reminder for next year by phone , or email ?