



INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize Dr. Samia McCully Naturopathic Doctor of Wellness Architecture Naturopathic Services INC. to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

Medicinal use of nutrition: therapeutic nutrition, nutritional supplementation, and intramuscular vitamin injections.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: allergic reactions to Methylcobalamin, side effects such as pain at injection site, swelling at injection site, rash, hot sensation, sweating, inconvenience of lifestyle changes, injury from injections, venipuncture or procedures.

Potential benefits: restoration of health and the body's maximal functional capacity, improved sleep, improved energy, aide in relief of neuralgias and neurological disorders, and prevention of disease or its progression.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant as some therapies used could present a risk to the pregnancy.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees has been given to me by Wellness Architecture Naturopathic Services Inc. or any of its personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to other unless so directed by my representative or myself or unless law requires it. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit.

Patient Signature:

Date: ____/____/____

Signature of Patient Representative or Guardian:
