

DECLARATION AND CONSENT TO TREATMENT

I would like to take this opportunity to welcome you to our Clinic. The Truestar Health and Wellness Clinic utilizes the principles of *Vis medicatrix naturae* (the healing power of nature) and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

A health professional, will conduct a thorough case history, conduct a physical exam and may utilize specific blood, urinary or other laboratory tests as part of the treatment work-up.

Health professional you will be seeing:

- | | |
|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Olga Warshavsky, M.Sc., ND | <input type="checkbox"/> Dr. Chris Caraman |
| <input type="checkbox"/> Dr. Luella Louis, Hon.B.Sc., DC | <input type="checkbox"/> Evangeline Gopaul, RMT |
| <input type="checkbox"/> Sam Gibbs, RMT | <input type="checkbox"/> Reggie Reyes, B.Kin, CPT |
| <input type="checkbox"/> Amanda Webber, RMT | |

Statement of Acknowledgement

Printed name: _____

As a patient of the Truestar Health and Wellness Clinic, I have read the information and understand that the form of medical care is based on complementary and alternative medicine and other supportive therapies. As the **Truestar Health and Wellness Clinic** is an integrated health clinic, I recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications. The information I have provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs. The slight health risks of some treatments include, but are not limited to: aggravation of pre-existing symptoms, allergic reaction to supplements or herbs, pain, fainting, bruising or injury from venipuncture or acupuncture, muscle strains and spasms, rib fractures, and disk injuries.

In the case of **chiropractic** treatment, there have been reported cases of injury to a vertebral artery following cervical spinal adjustments. Vertebral artery injuries have been known to cause stroke sometimes with serious neurological impairment and may on rare occasion result in serious injury. The possibility of such injuries resulting from cervical spinal adjustments is extremely remote.

I also recognize the following:

- **Any treatment** or advice provided to me as a patient of the Clinic is **not mutually exclusive** from any treatment that I may now be receiving or may in the future receive from another licensed healthcare provider.
- I am at **liberty to seek or continue medical care from a medical doctor or other healthcare provider licensed to practice in Ontario.**



- I am aware that **no part of my treatment is covered by OHIP** and that I am solely responsible for **payment at the time services are rendered.**
- I am aware that **24 hours notice** must be given for all cancelled appointments or a **cancellation fee** will be applied.
- I understand that the health professional reserves the right to determine which cases fall outside of his/her scope of practice, in which event the **appropriate referral will be recommended.**

I am aware that the Truestar Health and Wellness Clinic is a multi-disciplinary clinic. In order to provide optimal care, our clinicians will confidentially discuss patient files in order to obtain a multi-disciplinary outlook on your health. If you do **not** wish to have your case discussed by our multi-disciplinary team, please initial here: _____

I also confirm that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency to gather information without stating. I accept full responsibility for any fees incurred during care and treatment.

Signature: _____ Date: _____