

## CONSENT TO TREATMENT

This is to acknowledge that I have been informed and understand that:

1. Any treatment or advice provided to me as a patient of Pearl Natural Health is not mutually exclusive from any other treatment or advice that I may be receiving now or in the future, from another healthcare provider. I am at liberty to seek or continue medical care from a physician, surgeon, or other healthcare provider.
2. Naturopathic, homeopathic, or Chinese medical therapies provided by this clinic may be different from those usually offered by another licensed healthcare provider.
3. Naturopathic, homeopathic, or Chinese medical treatments can lead to a temporary aggravation of symptoms. On rare occasions, aggravations do not disappear quickly and may indicate a problem with the medicine. Should I experience any symptoms which I associate with natural medicines prescribed, I understand that I should call my healthcare provider.
4. Any procedure (such as Acupuncture, Intravenous Nutrient Therapy, Manipulation) intended to help may have side effects. While the chances of experiencing complications are small, it is the practice of our clinic to inform patients about them. These complications may include, but are not limited to, soreness, temporary pain or discomfort, inflammation, soft tissue injury or bruising, dizziness, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications is available upon request. It is also our policy to inform you of the procedure being performed and the risks and alternative treatments available. If your physician does not explain to your satisfaction, please ask for more information.
5. I have read and understand the above and have had an opportunity to ask questions. I hereby consent to treatment.

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Print Name

Signature of Patient

Date