

CONSENT TO DOULA and/or NATUROPATHIC SERVICES

Doula and Naturopathic care at Winds of Change Health Services is wellness-based, founded on individual treatment, informed consent, and integrative complementary medicine, in an atmosphere that is supportive and healing to clients, practitioners and the environment.

Naturopathic treatment at Winds of Change Health Services may include the following modalities and diagnostic procedures:

- Lifestyle counseling
- Botanical medicine
- Homeopathy
- Clinical nutrition
- Traditional Chinese Medicine (TCM) including acupuncture and eastern herbs
- Hydrotherapy
- Physical examination and pulse & tongue diagnosis (part of TCM work up)
- Hypnotherapy
- Bodywork (Reiki, Bowen, Craniosacral, Massage)
- Doula services
- Labs: Hair sampling, Gastro-test, IgG Allergy testing, Pap test, Urinalysis, Glucose testing, Stool analysis and other naturopathic laboratory tests

Although Naturopathic Doctors are able to perform chiropractic adjustments, I choose not to do so, and may refer you if necessary to one in your area.

Any supplements, herbs, or homeopathic remedies prescribed may be purchased from any health food store you choose. Professional lines may be ordered directly through Winds of Change.

Not all of the above modalities and diagnostic services will necessarily be appropriate in your case at all times and may or may not be implemented. All procedures and treatments will be fully explained to you, including the expected costs of the procedures and treatments, expected length of the treatment, any adverse effects of, or alternative choices to, a specific treatment, and consequences of not obtaining treatment, before your treatment plan is undertaken. All information exchanged between you and your naturopath is confidential, and your privacy is assured.

I, _____, consent to treatment by my licensed Naturopathic Doctor and
(Print name)

Hypnotherapist, Sarah-Dash Arbuckle ND (#1590), CH, and have been fully informed of the nature

of all therapeutic procedures, services, diagnostic tests and fees involved.

SIGNATURE

DATE