

Consent & Direction

I hereby confirm that I have been advised and informed by Dr. _____ that, in addition to being a licensed medical doctor, they practice integrative/complimentary medicine. I understand that this means that at times, when they consider it to be indicated; they may employ and recommend integrative/complimentary remedies and/or treatment, which may be considered unconventional by her medical colleagues.

Dr. _____ has informed me that the College of Physicians and Surgeons of Ontario considers some integrative/complimentary medicine and/or treatments to be unproven and not within the usual practice of medicine in this province.

Notwithstanding this advice, I consent to Dr. _____ treating myself, and any members of my family, for whom I am legally responsible, in any manner that she deems advisable in the circumstances.

Date: _____

Signed: _____

Patient

Witness