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Health Services & Apothecary

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PATIENT DECLARATION AND CONSENT TO TREATMENT

Traditional Chinese Medicine (TCM) is the treatment and prevention of disorders by means of acupuncture, cupping, moxibustion, acupressure, nutrition, and herbal medicine. TCM practitioners assess the whole person, taking into consideration physical, mental, emotional, and spiritual aspects of the individual. Gentle techniques are used to stimulate the body's inherent healing capacity.

The practitioner will take a thorough case history and may do a screening or complaint oriented physical exam.

Caution must be taken in some physiological conditions such as pregnancy and lactation, very young children, people with diabetes, heart, liver or kidney impairment and/or with people taking multiple medications. It is very important that you inform your TCM practitioner immediately of any disease from which you are currently suffering, or if you are currently taking any medications either prescribed or over-the-counter, or if you are pregnant, suspect that you may be pregnant, or if you are planning to become pregnant, or if you are currently breastfeeding.

Some of the health risks associated with Traditional Chinese Medicine include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to herbs, and pain or bruising from acupuncture.

Your TCM practitioner will answer any questions that you may have to the best of his/her ability. Results are not guaranteed. Your provider will exercise judgement during the course of your treatment that is in your best interest, based on the facts that are known.

As a patient, you must be aware that Traditional Chinese Medical treatment and conventional medical treatment are not mutually exclusive, and therefore, you are free to seek or continue medical care from a qualified physician.

PROTECTION/DISCLOSURE OF PERSONAL HEALTH INFORMATION

Our centre understands the importance of protecting your personal information. Our privacy protocols comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of our regulatory body. At times, your provider may share information with other providers of the centre with the purpose of discussing the best course of treatment

and to deliver safe and efficient care. Please be aware that only necessary information about your case will be exchanged.

Also, your information may be accessed by regulatory authorities under the terms of the Drugless Practitioners Act, for the purpose of fulfilling our regulatory body's mandate or by the law. Our office will not, under any circumstances, disclose any of your personal confidential information to insurance companies. For any other type of disclosures we will require a consent form signed by you.

CANCELLING OR RESCHEDULING APPOINTMENTS

We ask that you understand that, when you book an appointment, that time is specifically reserved for you. As such, we require that you give us at least 24 hours notice when cancelling or rescheduling an appointment. A missed appointment, without proper notice, will result in a full appointment charge to be paid before another appointment is booked.

I _____

Name of Patient

ACKNOWLEDGE and DECLARE that I am aware and agree to all of the above and I thereby authorize examination and treatment by:

_____ ***Name of Provider***

Date: _____

Patient's Signature: _____

If a minor, parent's/guardian's signature: _____

Name of parent/guardian: _____

This consent will cover the entire course of your treatment but you are free to withdraw this consent and discontinue treatment at any time.

Contact Information:

Address: _____

Phone: _____ Email: _____