

Jay Grossman
Chiropractor | Naturopath
MSc, DC, ND, DIBAK

42Wellness
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JAY GROSSMAN ND – NATUROPATHIC DOCTOR

INFORMED CONSENT STATEMENT

I hereby request and consent to the performance of naturopathic procedures and treatments, including various modes of physical therapy and, if necessary, diagnostic testing, as part of my health care program, by Dr. Jay Grossman.

I understand and am informed regarding the nature and purpose of treatments and agree to cooperate with Dr. Grossman in order to fulfill these goals. I understand that I am free to refuse any treatment or withdraw as a patient at any time.

I understand that any treatment or advice provided to me, by Dr. Grossman, is not being provided in the place of, or to the exclusion of, any other treatment or advice that I may now be receiving or, may in the future receive, from a physician, surgeon or any other licensed health care provider.

I further understand and am informed that, as in all health care, in the practice of naturopathic medicine, there are some risks to treatment, including, but not limited to, pain bruising or injury from acupuncture and aggravation of symptoms. I understand that naturopathic procedures, supplements, herbs and homeopathy may be associated with potential side effects.

Dr. Grossman may consider using mobilization and manipulation (which is within the scope of practice in Naturopathic medicine) as part of a treatment plan. The risks associated with this treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib Fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while. Treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing condition, manipulation, like many daily activities, may aggravate the disc condition. The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder functions or impaired leg or arm function. Surgery may be needed.

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- **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke. Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain. Manipulative treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the Naturopathic doctor. Present medical and scientific evidence does not establish that manipulation causes either damage to an artery or stroke.

I also understand that I am encouraged to ask such questions as I may have at any time and to advise Dr. Grossman of any unusual symptoms which may or may not be associated with any of the above procedures or supplements. I do not expect the doctor to be able to anticipate and explain all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure which to the doctor feels at the time, based upon the facts then known, is in my best interests.

I acknowledge that I am accepting or rejecting this care of my own free will. I understand that the ultimate responsibility for my health care is my own and that Dr. Grossman is here to support me in these efforts. I understand that Dr. Grossman reserves the right to discontinue services where it is apparent that my expectations and the type of services which he provides are not compatible. I understand that fees for services are payable at the time of the appointment and that procedures are not covered under the Ontario Health Insurance Plan (OHIP). I hereby agree to pay my account at the conclusion of each and every visit and no outstanding balance will be allowed to accrue. **Fees are as follows:**

1 st Visit 60 minutes	\$175
30-minute follow-up	\$80

- Phone and E-mail consults are billable at the discretion of Dr. Grossman, on the basis of \$50 for 15 minute increments.
- All laboratory testing and supplements are not included in visit fees and will be paid for at the time purchase.

I further acknowledge and agree that I will be charged a **100% of service fee** for all and any missed appointments, unless I have advised Dr. Grossman of my cancellation **no less than 24 hours in advance** of the scheduled appointment.

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I am at least sixteen years old and I have read this statement. I have had an opportunity to ask questions about its content, and by signing below, I agree to the aforementioned procedures. I intend for this consent to cover the entire course of treatment for my present condition and for future conditions, for which I may seek the services of Dr. Grossman.

TO BE SIGNED BY PATIENT (ADULT)

DO NOT SIGN UNTIL YOU HAVE TALKED TO THE DOCTOR

Patient's name (PRINT): _____

Signature: _____

Date: _____(yyyy/mm/dd)

Signature of Naturopathic Doctor & License #: _____

OR

TO BE SIGNED BY LEGALLY AUTHORIZED GUARDIAN/ PARENT

Patient's name (PRINT): _____

Date: _____(yyyy/mm/dd)

Legally Authorized Guardian's name (PRINT): _____

Legally Authorized Guardian's Signature: _____