

**DR. AYLA LESTER**  
NATUROPATHIC DOCTOR

## **INFORMED CONSENT AGREEMENT**

Thank you for your interest in retaining Dr. Ayla Lester to provide you with naturopathic care to support and improve your health. Prior to Dr. Ayla Lester agreeing to accept you as a patient to provide naturopathic services, she requires you to agree to the terms and conditions outlined in this letter agreement.

Throughout this letter agreement the terms “you”, “I”, “me” and “my” shall refer to you the undersigned individual, specified at the end of this letter agreement.

I wish to retain Dr. Ayla Lester to provide me with naturopathic care, guidance, support and treatment to improve my health (the “Treatment”). I understand and agree that prior to Dr. Ayla Lester providing the Treatment, she requires my consent and the following representations, warranties, and covenants:

1. I understand and acknowledge that Dr. Ayla Lester is a naturopathic doctor licensed in Alberta, Canada (hereinafter referred to as “ND”) and not a medical doctor. For the purposes of providing the Treatment, I consent to Dr. Ayla Lester to carry out the following tasks:
  - a. take a case history and conduct health assessments including screening physical examinations; which may include a breast exam, gynecological exam, rectal exam, prostate exam, and blood and urine samples as required; and
  - b. record your personal health information subject to strict confidentiality guidelines.
2. I understand that Dr. Ayla Lester employs the use of therapeutic nutrition and nutritional medicine, nutritional supplementation, intravenous and intramuscular nutrient injections, botanical medicine, Traditional Chinese Medicine, acupuncture, soft tissue/massage, lifestyle counselling, homeopathy, hydrotherapy, chiropractic manipulations, and exercise and movement therapy in providing the Treatment.
3. I acknowledge that any supplements recommended to me by Dr. Ayla Lester are the brands that she knows and trusts to be of high quality. Other brands if I so choose to purchase may not have the same potency, efficacy, or therapeutic effect.
4. I recognize that food, botanicals, and medications may cause serious allergic reactions, in

particular, products containing nuts or shellfish. I acknowledge that these allergies may cause me serious bodily harm. I represent and warrant that during my initial health consultation and assessment, I have provided to Dr. Ayla Lester a list of all items which, to the best of my knowledge, I am allergic or sensitive to.

5. I represent and warrant that all medical information provided by me to Dr. Ayla Lester during my initial consultation is true and correct. I will advise Dr. Ayla Lester if any changes to my current health status occur including any disease or ailments that I may be suffering from, any prescription medication, over the counter drugs, supplements, or herbs that I am consuming, and whether I am pregnant, or suspect I may be pregnant, or am breast-feeding.
6. I hereby acknowledge and agree that Dr. Ayla Lester has not made any warranties or representations of any kind to me regarding results that may be achieved from the Treatment. I understand that any outcomes arising from the Treatment may differ from person to person. I understand that the results of the Treatment are not guaranteed and I do not expect Dr. Ayla Lester will be able to anticipate and explain all risks and complications. With this information, I voluntarily consent to the Treatment provided to me by Dr. Ayla Lester.
7. I hereby am informed that in the practice of medicine there are some risks, and agree that there is a possibility that the Treatment may lead to certain unforeseen complications. These include but are not limited to: Aggravation of pre-existing symptoms; allergic reactions to supplements, botanicals, homeopathic remedies, or intravenous and intramuscular injections; pain, fainting, bruising, injury, or death from acupuncture or intravenous and intramuscular injections; muscle soreness, sprains, strains or local pain from massage, chiropractic manipulation, and electro-stimulation. I understand that I am to contact Dr. Ayla Lester immediately if there is any reaction to the Treatment provided, and if unavailable will contact emergency care. I also acknowledge that I have the right to accept or reject this medical care of my own free choice and will.
8. I understand that a record will be kept of the health services provided to me, and this record will be confidential, and legally binding. The record will not be released unless directed by myself or unless the law requires it. I understand that my health records will be kept for a minimum of 7 years after the date of my last visit. I also understand that I may look at my health records at any time, and can request a copy of it by paying appropriate fees.
9. In consideration of Dr. Ayla Lester agreeing to provide me with the Treatment, I hereby unconditionally release and forever discharge her of and from all manner of actions, causes of action, suits, demands, debts, accounts, covenants, contracts, damages and all other claims whatsoever, which the undersigned individual ever has, now has, or may in the future have

against her for or by reason of any cause, matter, or thing related to or arising from the Treatment provided to me including (but not limited to) any bodily harm or injury sustained by me. I further acknowledge and agree that Dr. Ayla Lester will in no way be responsible for any bodily harm or injury suffered by me as a result of the Treatment.

10. I agree and acknowledge that Dr. Ayla Lester has the right to cease providing the Treatment to me at any time, without any compensation to me whatsoever. This agreement will cover the entire course of my Treatment and I am free to withdraw my consent and to discontinue participation at any time.
11. Before any intramuscular injections or intravenous injection therapy, I agree to having eaten a full meal within 2 hours of the therapy. I will also notify Dr. Ayla Lester of any changes to my prescription medications or supplement protocols, and if I have consumed alcohol within the 24 window prior to my appointment. I understand that if I have not eaten a meal prior to my intramuscular injection or intravenous injection therapy, before this service will be rendered, I acknowledge that I must have something to eat. Dr. Ayla Lester has meal replacement protein bars for purchase should you need to eat something.
12. Cancellation policy: I agree to provide at least 24 hours of notice for changes or cancellations to appointments. I agree to pay the cancellation fee of 50% of the service for any missed or cancelled appointments outside of the 24-hour window.

I hereby certify that the representations and warranties contained in this agreement are true and correct and I hereby agree to the foregoing covenants and terms and conditions.

I hereby consent to Dr. Ayla Lester to provide me with the Treatment as described above.

Dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Print name

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Signature

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Witness