

FUNCTIONAL MEDICINE: INFORMATION & CONSENT FOR TREATMENT

Completion required prior to Functional Medicine program/treatment

Patient name

Date of birth

The College of Physicians and Surgeons of Ontario (CPSO) has required that physicians who offer complementary evaluations, tests and treatments provide information about their practice methods to their patients. At this time, Functional Medicine is considered by the College of Physicians and Surgeons of Ontario (CPSO) to be Complementary, not Conventional, Medicine. OHIP does not cover complementary medicine.

WHAT IS COMPLEMENTARY MEDICINE & WHAT IS FUNCTIONAL MEDICINE?

Complementary Medicine encompasses a broad spectrum of practices that, until recently, were not discussed at North American medical schools and were generally not available in North American hospitals.

Dr. Hannah Snider's practice utilizes complementary and integrative medicine approaches, with a focus on Functional Medicine. Instead of focusing on symptoms, it focuses on uncovering the contributing factors to illness. Functional Medicine involves an extensive evaluation of a person's antecedents, triggers and mediators affecting their illness presentation, and takes into account the relationship between genetic, lifestyle and environmental factors affecting their health. Functional medicine combines recent genetic and biochemical research (such as genomics and the role of the microbiome) with a broad understanding that a person's health status is influenced by physical, emotional, mental and spiritual components.

Functional Medicine is not a quick fix. It involves extensive history taking (understanding your story and symptoms) and often involves extensive investigations. A crucial element includes engagement and work on the part of the patient. You will be asked to make various lifestyle changes that can sometimes be difficult. We will do our best

to support you through this, and include the availability of a Functional Medicine Health Coach as well as Nutritionist trained in Functional Medicine to further support you in these changes.

At this time, Functional Medicine has not been scientifically validated or accepted by mainstream medicine.

Dr. Snider may recommend non-conventional investigations that have not been scientifically validated by mainstream medicine involving blood, stool, urine or saliva samples. Individualized lifestyle recommendations such as dietary changes, movement/exercise, as well as other stress related lifestyle recommendations may be part of the treatment program. She will also suggest vitamins and minerals, and other relevant supplements in addition to usual care. She will sometimes prescribe medications, some that are commonly used in conventional medicine, and some that are used less commonly. As she is trained in the conventional medical model, she will make these recommendations most often as complementary suggestions, rather than alternative suggestions, to your present care plan. She will explain the reasons and rationale behind her suggestions and you will have an opportunity to ask questions.

PATIENT CONSENT

I, _____, seek the medical and health care services of Dr. Hannah Snider and her staff. I understand that, in addition to conventional medicine, this medical practice also uses some diagnostic and treatment methods that may be considered "complementary", "holistic" or "alternative" and that I am interested in exploring these treatments in collaboration with Dr. Snider. I understand that the view that this treatment is beneficial is accepted by a minority of the medical community and it is considered "experimental" by most physicians. I understand that Dr. Snider must rely upon my observations and feedback as well as her clinical judgment and experience to evaluate the effectiveness of these tests and treatments in my care. Since these methods have not been accepted by consensus of the mainstream medical community, they may be considered by some physicians to be either unnecessary, of questionable value or carry with them certain risks that some physicians and patients may not find acceptable. **Initials:** _____. **(Continued on next page)**

PATIENT CONSENT CONTINUED...

I understand that although trained as a family doctor, Dr. Snider no longer maintains a primary care family medicine practice. She is not providing primary family medical care to me. I understand it is important to receive ongoing and continuous care from my family physician and other relevant specialist physicians. I agree to seek care from my family physician for a conventional work up and discussion concerning treatment plan options for my healthcare condition. I understand that it is my responsibility to keep my family doctor informed about the care and treatment I am receiving from Dr. Snider. **Initials:** _____.

Further, Dr. Snider has informed me that the College of Physicians and Surgeons of Ontario (CPSO) considers some of the remedies, techniques and/or treatments to be clinically unproven and that they are not considered to be within the usual practice of medicine in Ontario. **Initials:** _____.

I further acknowledge that Dr. Snider has explained to me that in her practice, many of the services rendered will not be covered by the Ontario Health Plan (OHIP) and will be my personal financial responsibility. **Initials:** _____.

I understand that the non-OHIP costs involved with Dr. Snider's treatment program are for her time and expertise in assessing and managing my care for medical services that are not covered by OHIP. I have read and understand Dr. Snider's Practice Information flyer found on her website outlining her practice and involved non-OHIP related costs. I choose to go ahead with booking with Dr. Snider knowing that I am under no obligation to pursue her non-OHIP services. **Initials:** _____.

I fully understand that Dr. Snider is not making any warranties, assurances or guarantees of the successful treatment administered to me. I fully understand that the choice to undergo such treatments is my decision and I am choosing to undergo treatments with Dr. Snider after having considered the information provided to me by my treating physician, and through materials provided to me by Dr. Snider and her staff to educate me about these treatments. **Initials:** _____.

I understand that Dr. Snider maintains her medical records using an Electronic Medical Record ("EMR") system which is password-protected. Other persons within Dr. Snider's office have access to patient records stored on the EMR. Dr. Snider will take all reasonable steps to maintain confidentiality but it is impossible to entirely protect against unforeseen circumstances that could result in inadvertent disclosure of patient information. In the unlikely event that Dr. Snider becomes aware of unauthorized access to your patient record, you will be notified promptly by Dr. Snider. I consent to my records being stored on the office EMR on this basis. **Initials:** _____.

I understand that Dr. Snider rents space from True Wellness Integrative Health Centre, Fiddleheads and Functional Medicine **Uptown**, and that this doesn't necessarily indicate her agreement with all of the treatments displayed or suggested by other practitioners in the Centre. **Initials:** _____.

I understand that non-conventional investigations and/or supplements recommended by Dr. Snider can sometimes be obtained through Dr. Snider or from providers not connected to Dr. Snider. The supplement dispensary in the clinics are not managed by Dr. Snider, and she doesn't necessarily endorse all the products represented. Dr. Snider has an account through Fullscript, an online supplement store. Similarly, she does not necessarily endorse all products represented. Dr. Snider provides patients access to this store for the purpose of providing her patients with reduced product prices for specific supplements she recommends (100% of her wholesale discount is passed on to patients). I understand that should I choose to order additional supplements of my own choosing, I am accepting the potential risks. Similar to supplements, Non-OHIP covered tests recommended by Dr. Snider are not marked up for profit. Patients are at liberty to purchase supplements from any source other than Dr. Snider. Patients are under no obligation to purchase supplements or non-conventional tests recommended by Dr. Snider. **Initials:** _____.

Patient Signature

Witness Signature

Date

Date