NATUROPATHIC DECLARATION AND CONSENT TO TREATMENT

THIS IS TO ACKNOWLEDGE that I have been informed and understand:

1. Any treatment or advice provided to me as a patient of the Clinic is not mutually exclusive from any treatment or advice that I may now be receiving or may receive in the future from another licensed health care provider

2. I understand that Naturopathic Medicine is a comprehensive approach to health and illness and focuses on prevention and the use of natural substances and treatments including: Clinical Nutrition, Lifestyle Counselling, Homeopathy, Chinese Medicine & Acupuncture Botanical Medicine, Physical Medicine & Hydrotherapy

3. I am at liberty to seek and/or continue medical care from a medical doctor or other qualified health care provider

4. I am aware that no part of my treatment or testing is covered by P.E.I. Medicare and that I am solely responsible for payment

5. Payment is to be made at the time of treatment

I HEREBY AUTHORIZE AND CONSENT TO NATUROPATHIC TREATMENT BY:

Dr. KALI SIMMONDS, N.D. ___
Dr. LANA MCMURRER, N.D. ___

Patient's Full Name (please print): _____
First Middle Last

Date of Consent: _____
Day Month Year

Signature: _____
Patient or legal guardian

How did you hear about us?

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