

**TOTAL HEALING-HOMEOPATHY
& NATURAL NUTRITION**

Lucia Dias. DIHom (Pract); FBIH

Homeopath, Hom

Natural Nutritionist (RHN) ; R.N.C.P; R.O.H.P.

416-562- 9149

Modalities used include Homeopathy & Natural Nutrition

General Consent Form for Homeopathic Treatment

Name: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Address:

Date of Birth: _____

Age: _____

I am over 18 years of age and have voluntarily chosen Homeopathic Treatment for myself/child.

I fully understand that the practitioner is a Homeopath and not a medical doctor and has recommended that I retain the services of a primary physician for appropriate medical evaluations, conditions and check-ups for myself/child.

The practitioner does not diagnose, treat or prescribe for any particular symptom, disease or condition

I am also aware that homeopathic remedies can sometimes cause possible aggravation of symptoms existing prior to use of Homeopathy and /or reappearance of the old symptoms, in which symptoms become temporarily heightened / aggravated /worsened as part of the healing process. Should I experience any problems, which I associate with these substances, I should suspend taking them and call the Practitioner.

I acknowledge that potential risks and benefits of homeopathic treatment, and the possible complications of such procedure have been explained to me. I further acknowledge that I was given adequate opportunity to ask questions pertaining to this procedure

I assume full responsibility for my choice of treatment and I agree to hold Total Healing - Homeopathy & Natural Nutrition harmless from all claims, of any nature by me or anyone else claiming injury, expense ,damage ,action or cause of action arising out of or connected with any of the consulting services provided herein, including Homeopathic remedies, nutritional or dietary recommendations.

There is no implied or stated guarantee of success or effectiveness of any specific treatment plan or guidelines and I am free to act upon or disregard the recommendations of the practitioner. I hereby release the practitioner from all responsibility for my actions and any consequences thereof in the present time and in the future with no constraints.

I hereby affirm that I have honestly and lawfully introduced myself for no other purpose than myself/child for Homeopathic treatment and I consent and agree to the above statements of my own free will and request to engage the services of the Homeopathic practitioner.

In the case that the client is a minor under 18, I the undersigned, take full responsibility and acknowledge agreement to the above statements.

Client Signature

Date

Fees

Homeopathy

Initial Consultation \$200.00 + HST- for 1 and 1/2 hour

Acute case: \$60.00 +HST.....30 mins

 \$85.00 +HST60 mins

Follow up: \$60.00+HST30 mins

Follow up: \$30.00+HST15 mins

Follow up on emails, phone calls and Skype \$ 30.00 +HST per 15 minutes.

Remedies are an additional cost.

Payment is due at the time of appointment. Payment is by cheque or cash.

Each consultation is permitted a 5 minute follow up on the phone for 2 consecutive times in the 2 following weeks.

Most Insurance companies cover Homeopathic Consultations on their extended Health Benefits. Please enquire from your respective company.

Holistic Nutrition

Initial Consultation -Holistic Nutrition- \$ 150.00 +HST (1 and ½ hour)

Nutritional Products are a separate charge

Cancellation Policy: Please provide the clinic with at least 48 hours advance notice if you need to cancel or reschedule your appointment, Cancellations with less than 24 hours advance notice are subjected to a charge of the 100% fee for the service or consultations scheduled. Your cooperation with the clinic policy is appreciated.

Confidentiality

All information disclosed is confidential and may not be revealed
With out written permission.

Book an appointment

Call: 416-562-9149

Email:info@totalhealinghomeopathy.com

Office Hours

Monday to Friday11 am to 8 pm

Saturday by appointment only

Sunday and Statutory holidays.....closed

Consultations are by appointment only.

Please refrain from wearing perfumes when visiting the clinic as some patients are sensitive or allergic to perfumes, odors and chemicals

Address

5 Holton Road

Scarborough

Ontario M1G 1E7

