

OUR FEES

Type of appointment	Adults	Seniors (65+), Students
Naturopathic Initial visit	\$160	\$140
Subsequent visit	\$65	\$55
Bowen Therapy Initial Visit	\$85	\$75
Subsequent visit	\$55	\$45
Acupuncture Initial Visit	\$85	\$85
Subsequent visit	\$45	\$45

****PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.**

Payment can be made by cash, cheque, debit, VISA/MC. If you cannot attend an appointment, please give **24 HOURS NOTICE** so that another patient may receive care during that time. I have read the above and understand that I am responsible for all charges relating to my visit.

Date: _____ Signature: _____

INFORMED CONSENT TO NATUROPATHIC PROCEDURES

Patient Name _____ Phone No. _____
Address _____ Attending ND _____
City/Town _____
Province _____

NATUROPATHIC/BOWEN PROCEDURE(S)
(including those by referral to another practitioner)

Acupuncture/Traditional Chinese Medicine Botanical Medicine
Bowen Therapy Clinical Nutrition
Homeopathic Medicine Hydrotherapy
Naturopathic Manipulation Prevention & Lifestyle Counseling

I, the undersigned, do hereby acknowledge that I have been informed of and understand the recommended procedure(s) and/or necessary diagnostic procedures, and have discussed to my satisfaction this and any requests for related information with the naturopathic doctor named above and/or with her office or clinical assistant(s). I further acknowledge and confirm that I have been informed of, and understand the procedure(s) with respect to the financial costs, expected benefits, potential risks and side effects; the likely consequences of not having the procedure(s), and what alternate course(s) of action are available to me.

As a result, I do hereby voluntarily consent to the recommended procedure(s) as specified above. I also understand that I may change the status of my voluntary informed consent at any time.

Date: _____ Signature: _____

Patient or Lawful Representative Signature Date Signed