



Welcome to the Riverdale Homeopathic Clinic. We look forward to helping you with your health needs.

Please fill out your questionnaire completely and to the best of your knowledge. Even the smallest details are important to us. Mental, physical, emotional, and social aspects all play a role in your health. Stress in any of these areas should be noted.

At Riverdale Homeopathic Clinic we encourage you take responsibility for your health. This includes informing your practitioner of your needs and expectations. The more we know and understand, the better we can help you.

The information given in this clinic is fully confidential. Please be advised that your case may be discussed with other practitioners in the clinic with your consent.

FEES:	Walk-in acute consultation	\$60.00
	Initial Consultation	\$200.00
	Follow-up Consultation	\$95.00
	Telephone Consult/Follow-up	\$60.00
	<i>20% Discount for Seniors (65 and over) and Children (12 and under)</i>	
	Pets: Initial Consultation	\$150.00
	Pets: Follow-up	\$65.00

DECLARATION AND RELEASE

I, _____, of the following address _____,

Acknowledge and declare that I have the option of seeking/continuing allopathic (conventional) medical care from a medical doctor, and that homeopathic treatment and medical treatment are different but not mutually exclusive. I confirm that there has been no suggestion made to me by the Riverdale Homeopathic Clinic, or by anyone under its direction or control that I refrain from seeking or following allopathic medical treatment. The therapy and information offered should not be construed to be a medical diagnosis of any disease or injury. Therefore, I hereby authorize my consent to treatment by the Riverdale Homeopathic Clinic's Homeopathic Practitioners.

I further agree to pay my account after every visit unless other arrangements have been made with the practitioner. I understand that a block of time is set aside for me when I make an appointment, and as a matter of respect for the time of the practitioner I will give at least 24hours notice or otherwise be charged the full rate of the consultation

Dated and signed this _____ day of _____, 20____.

Patient's Signature: _____

Parent/ Guardian Signature: _____

Pet owner's Signature: _____

We hope your experience at the Riverdale Homeopathic Clinic is a positive one. Please share with us any concerns you may have so that we can continue to meet your needs in the best possible ways.