

Riverdale Homeopathy Consent Form



Practitioner: Ananda More

Welcome to **Riverdale Homeopathy 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. 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 Consult (up to 30 minutes)	\$85
Initial Consultation (up to 2 hours)	\$300
Follow Up Consultation	\$75 per half hour
Telephone Consult/Follow Up	\$25.00/ 10 min

Additional cost for home or hospital visit depends on individual circumstances

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 and advice.. Therefore, I hereby authorize my consent to treatment by the Riverdale Homeopathic Clinic's Homeopathic Practitioners.

Date Signed: _____
(dd/mm/year)

Patient's Signature: _____

Parent's Signature (if patient is younger than 18 years): _____

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 practitioner I will give 24 hours notice or otherwise be charged the full rate of the consultation.
_____ (initial)

I agree that I am seeing the homeopath in good faith and will not record our sessions in any way, neither audio nor visual without my homeopath's, and clinic management's consent.. By signing this I attest that I am not seeing the homeopath in an attempt to gather information and discredit the homeopath or the homeopathic profession.
_____ (initial)

I understand that homeopathic treatment can take time, and regular follow-up is generally necessary for positive outcomes, especially in chronic conditions. I understand that I am responsible for keeping my homeopath informed on my condition and any reactions to homeopathic remedies. Like any other form of medicine or treatment, I understand that there is no guarantee that treatment will be effective.

_____ (initial)

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!