

Homeopathy Centre

Raisa Weisspapir , Registered Homeopath, Ontario, Canada

3910 Bathurst Street, Suite 207, Toronto, Ontario, M3H 5Z8
Tel: (416) 227-1485

Welcome! I am delighted to have you as a new patient and look forward to providing you with the highest quality homeopathic care. Homeopathy is gentle and safe alternative medicine without addiction and side effects.

Please fill out the attached questionnaire completely and to your best 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.

In my centre, I encourage you to take responsibility for you health. This includes providing information about your needs and expectations. The more I know and understand, the better I can help you. Information given in my centre is fully **confidential**.

Fee Schedule:

adults

children (from 0 to 16 yrs)

Office/Phone:

Initial Assessment : \$220.00 (2 hrs)

\$195.00 (2 hrs)

Each patient will receive an individual treatment plan following the initial assessment which may include nutritional and environmental regimen, stress release and life style changes.

Please note that prices do not include taxes, as well as the cost of the homeopathic remedies and supplements. Professional services fees are not refundable.

All cancellations or rescheduling of appointments must be done 48 hours prior to the scheduled appointment. Otherwise a \$100.00 cancellation fee will apply. Your compliance will be greatly appreciated.

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 Homeopath Raisa Weisspapir or by anyone under her direction or control that I refrain from seeking or following allopathic medical treatment, surgical procedures, lab tests or vaccinations. Please note, here is no alternatives to vaccinations.** Therefore, I hereby authorize my consent to treatment by the Homeopath Raisa Weisspapir. **I further agree to pay my bills at the end of every visit unless other arrangements have been made.**

Dated and signed this _____ day of _____ 2018_____

Patient's signature: _____ Witness: _____

Parent of a child _____