



Homeopathic Family Practice

Hannah Shalom DCHM (Hon) FCHM HOM RsHom(NA)
Homeopath

Pure, Simple and Amazing Inc.

BULLETIN:

Due to COVID-19, the Ontario Ministry of Health mandated that Health Professionals, when possible, should limit the number of in-person visits for the safety of health care providers and their patients. Practitioners are encouraged to continue to offer remote/virtual services and gradually restart in-person visits while supporting physical distancing to minimize patient contact. While scheduling appointments, patients will be screened for symptoms of COVID-19. Before entering the clinic at the exact appointment time, patients will be assessed and asked to wear a face covering to enter. If the previous patient has not finished, you will be asked to wait outside until there is room in the waiting area. Thank you for your patience.

**DECLARATION AND CONSENT FORM
FOR HOMEOPATHIC ASSESSMENT AND TREATMENT**

Patient Name _____ File No. _____

Practitioner: Hannah Shalom DCHM (Hon) FCHM Homeopath Registration #: 15459

ASSESSMENT and RECOMMENDED TREATMENT (including those by referral to another practitioner)

Homeopathic remedies are natural substances that have been diluted and are used to help your body to make use of its own healing energy to solve its dis-ease challenges.

I acknowledge and declare that I have the option of seeking and/or continuing conventional medical care from a qualified medical doctor and I am aware that homeopathic treatment and conventional treatment are not mutually exclusive.

I understand that in the event of medical emergency, I am advised to seek conventional medical care at a hospital if I am unable to reach my homeopath.

I understand that Homeopathic medicine is interactive, and I am fully involved in the healing process.

I understand that my appointment time has been reserved especially for me. Cancellations made without 48 hours' notice or missed appointments, will be charged the full visit fee. I agree to pay all fees on the day of my visit. We accept cash, cheque, Visa or MasterCard.

I, the undersigned, do hereby acknowledge that I have been informed of and understand the assessment and recommended treatment described above and have discussed to my satisfaction this and any requests for related information with the Homeopath named above. I have been given the opportunity to ask questions about the assessment and recommended treatment and have received answers to such questions. I further acknowledge and confirm that I have been informed of, and understand the procedure(s) with respect to the nature of the procedure, expected benefits, material risks, material side effects and financial cost; the likely consequences of not having the procedure(s), and what alternative course(s) of action are available to me. I understand that I can withdraw my consent at any time.

As a result, I do hereby voluntarily provide my informed consent for the recommended treatment specified above

Date: _____ Signature: _____

Date: _____ Signature: _____

