ONTARIO COLLEGE OF HOMEOPATHIC MEDICINE

PATIENT CONSENT FORM

I,

_____

of the following address:

_____

consent to treatment by the practitioners of the Ontario College of Homeopathic Medicine. I understand that this is a teaching clinic and that my case will be taken by student practitioners who are supervised at all times by a qualified Homeopathic Doctor. I understand that other students may be present during my case taking for observation purposes only.

□ I understand that my case may be videotaped for OCHM teaching purposes only.

I confirm that there has been no suggestion made to me by the Ontario College of Homeopathic Medicine, or by anyone under its direction or control to prevent me from seeking or following allopathic treatment. The decision to seek homeopathic treatment is solely my decision and I understand that I may still seek the treatment of an allopathic doctor or any other health practitioner.

I understand the cost of treatment and agree to pay my account according to the guidelines set by the Ontario College of Homeopathic Medicine (all fees are non-refundable).
All information disclosed is confidential and remains within the premises of
Ontario College of Homeopathic Medicine.

Dated and signed this _____(day) of _____month _____(year)

Signature_____ Witness_____

COST OF TREATMENT (effective from February 1st /2010)
(please check one)

For the 1st time patients (adults & children):

□ **Option 1:**	**$120.00**	initial consultation + 3 follow-up visits (payable in advance)
□ **Option 2:**	**$50.00**	initial consultation &
	$35.00	each follow-up visit
	$20.00	for every telephone consultation

Special family rate:
For the second child and all other children under the age of 18, the cost is
$80.00 for 4 visits payable in advance

Senior & student rate **$80.00** for 4 visits payable in advance

Regular remedies are charged $8.00 per remedy. Postage is charged extra when a remedy is mailed to a patient. Rare and special order remedies are charged extra depending on cost and shipment charges, and patients will be promptly notified.

24-hour notice is required for cancellations, late cancellation fee may apply. In case of emergency cancellations after hours please call 416-535-5995/ext 6 or e-mail a cancellation notice to reception@ochm.ca

The OCHM Teaching Clinic is open to patients for emergency situations on
Mondays & Tuesdays from 9:00 am to 5:00 pm
Wednesdays & Thursdays from 9:00 am to 8:00 pm
We are unable to provide emergency services after these hours and strongly recommend that you

Payment are accepted in cash, by cheque, debit, Visa, MasterCard & AmEx.

332 Dupont Street

Toronto ON M5R 1V9

Tel: 416-535-5995