



Carp Ridge EcoWellness Centre
2386 Thomas Dolan Parkway
Carp, Ontario, K0A 1L0
Tel: (613)839-1198 Fax: (613)839-3909
Email: clinic@ecowellness.com
www.ecowellness.com

Katherine Willow ND/Kim Callaghan ND/Martha Ahmadi ND/Rebecca Word ND

PATIENT AGREEMENT FORM

Name: _____

Address: _____

Email address: (optional, for our monthly electronic newsletter)

Phone: home () _____ work () _____

Date of birth: _____

Emergency contact: Name _____ phone () _____

Family Physician: _____ phone () _____

Referred by/Heard about us through: _____

Continue on reverse

Every patient is required to read and sign this form before treatment. Your signature acknowledges the following:

1. I understand that Katherine Willow, Kim Callaghan, Rebecca Word and Martha Ahmadi are naturopathic doctors (ND) and not medical doctors (MD) and are therefore not covered by provincial health care. Naturopathic expenses may be tax deductible.
2. The fees and services have been clarified in advance. Payment is due at the end of each visit. We accept payment by personal cheque, cash, Interac, MasterCard or Visa. On overdue accounts interest will be charged.
3. **Twenty-four hours notice is required when canceling an appointment, otherwise a fee for 50% of the visit will be charged.**
4. I understand that natural health care is a joint responsibility between myself, (the patient) and the practitioner. Improving my lifestyle can be as important as remedies and treatments.
5. My health records may be used in research providing that my name is not revealed. At all other times, my health records will be held in strictest confidence.
6. I realize that naturopathic medicine is not an isolated system and that Katherine Willow/Kim Callaghan/Rebecca Word/Martha Ahmadi welcomes teamwork with MDs, DCs, and other practitioners.
7. The decision to discontinue prescription drugs or any other prescribed medical treatment is my responsibility. If I forego standard medical treatment in favor of natural healing, I assume responsibility for any potential risk that may entail. Katherine Willow/Kim Callaghan/Rebecca Word/Martha Ahmadi will explain procedures, probable outcomes and possible risks in advance.

Signed: _____

Date: _____