

Carolyn Mercer, B.Sc., N.D.
1615-6 Orleans Blvd, Ottawa, Ont. K1C 7E2
613-830-3337

Date: _____

Name: _____

Telephone (home): _____ (Parent office): _____

Name of parent or legal guardian _____

Address: _____

Postal Code: _____

Date of Birth: _____

Who referred you to this office? _____

Name of family medical doctor: _____

What is your chief concern about your child's health?

How long has your child had this condition?

Who diagnosed the illness? _____

When was the diagnosis made? _____

How has this illness been treated until now?

Could you list the major symptoms affecting your child?

Has your child been vaccinated? Yes No

If yes, were there any complications?

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www.CarolynMercerND.ca

Statement of Acknowledgement and Release:

Naturopathy uses non-invasive methods for the assessment of bodily dysfunctions, and natural therapeutics for their correction. Each person seeking care from Carolyn Mercer should understand that she is a specialist in Naturopathy and is not a Medical Doctor (MD) and that you are accepting or rejecting services based on your own free will and choice. If standard medical diagnosis or treatment is required it must be obtained from a licensed Medical Doctor.

Each patient or their legal guardian must read and sign this document before any treatment will be rendered. Your signature acknowledges the following:

1. You have read the foregoing information and you understand that responsibility for your own health is your own and you understand that improving lifestyle can be as important as remedies and treatment.
2. You understand that Carolyn Mercer is a Naturopathic Doctor and is not a Medical Doctor and may employ alternative means of achieving a diagnosis.
3. You understand treatment and/or referral to other health care practitioners is based upon the assessment of conditions revealed through your personal history and interview, physical exam and lab testing.
4. The decision to discontinue prescription drugs or any other prescribed treatment is your sole responsibility. If you forego standard medical treatment in favour of natural healing, you assume responsibility for any potential risks that may be entailed.
5. You are not an agent of any private or local, county, provincial or federal agency attempting to gather information without stating your intentions.
6. You understand that you accept all responsibility for fees incurred during care and treatment and the fees for services rendered are to be paid at the end of each visit.
7. You understand that naturopathic visits are not covered by the provincial governments but are covered under many extended health insurance plans and may also be tax deductible.

I, _____ (Print name of patient or legal guardian) have read, understood and acknowledge the above statements and give my consent to be treated by Carolyn Mercer.

I am the legal guardian of _____. (Print name if applicable.)

I also understand that 24 hours notice must be given for cancellation or changing of an appointment time or the full fee will be charged. _____ (Sign Here)

I understand that my health records may be used in research providing my name is not revealed. At all other times, my health records will be held in the strictest confidence.

_____ (Initial Here)

Date: _____ Signature: _____ Witness: _____