

Homeopathy Centre

Homeopathic Dr. Raisa Weisspapir HD, DHMS, MD (Europe)
www.HomeopathyToronto.com



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.

- 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 your 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 Consultation:	\$195.00 (1 ½ hr)	\$180.00 (1 ½ hr)
• Second Consultation:	\$125.00 (40 min)	\$90.00 (30 min)
• Follow-up:	\$95.00 (30 min)	\$90.00 (30 min)

Short (or acute) phone consultations: \$ 75.00 (up to 15 min)

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 with all scheduled appointments 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 Homeopathic Doctor Raisa Weisspapir, or by anyone under her direction or control that I refrain from seeking or following allopathic medical treatment (and vaccinations).** Therefore, I hereby authorize my consent to treatment by the Homeopathic Doctor Raisa Weisspapir.

I further agree to pay my account after every visit unless other arrangements have been made.

Dated and signed this _____ day of _____ 2010 _____

Patient's signature: _____ Witness: _____