

Salvatore Messina HD.

Doctor of Homeopathy, Certified Iridologist.

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Welcome, we look forward to helping you with your health needs.

Please fill out your questionnaire completely and to the best of your 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.

We encourage you take responsibility for your health. This includes informing us of your needs and expectations. The more we know and understand, the better we can help you.

The information given in this clinic is fully confidential.

FEES: Initial Consultation - \$
 Follow-up Consultation - \$
 Telephone Consultation/Follow-up - \$
 Acupuncture- based on treatment plan. \$
 Discount for seniors (65 and over) and Children (12 and under) \$
 Pets: Initial Consultation - \$; Follow-up - \$
 Iridology (computer assist printout), \$

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 Salvatore Messina HD., or by anyone under his direction or control, that I refrain from seeking or following allopathic medical treatment. Therefore, I hereby authorize my consent to treatment by Salvatore Messina HD. I further agree to pay my account after every visit unless other arrangements have been made with Salvatore.

Dated and signed this _____ day of _____, 200 .

Patient's Signature: _____

Pet Owner's Signature: _____

We hope your experience has been a positive one. Please share with us any concerns you may have so that we can continue to meet your needs in the best possible ways.

*Please be advised that we require 24 hours notice for cancellation of appointments
or a fee of \$30 will be charged.*