



CONSENT FORM FOR HOMEOPATHIC ASSESSMENT and TREATMENT

Patient Name _____ File No. _____
Registrant Name _____ Registration #: _____

**ASSESSMENT and RECOMMENDED TREATMENT
(including those by referral to another practitioner)**

I, the undersigned, do hereby acknowledge that I have been informed of and understand the assessment and recommended treatment described above and have discussed to my satisfaction this and any requests for related information with the Homeopath named above. I have been given the opportunity to ask questions about the assessment and recommended treatment and have received answers to such questions. I further acknowledge and confirm that I have been informed of, and understand the procedure(s) with respect to the nature of the procedure, expected benefits, material risks, material side effects and financial cost; the likely consequences of not having the procedure(s), and what alternative course(s) of action are available to me. I understand that I can withdraw my consent at any time.

As a result, I do hereby voluntarily provide my informed consent for the recommended treatment specified above.

Patient or Lawful Representative Signature _____ Date Signed _____

Witness Signature* _____

Relation to Patient _____

Address _____

Phone No. _____

*Witness signature is advised but not required

REFUSAL OF CONSENT

I understand that I can withdraw my refusal of consent.

I also understand that my refusal of the above consent is contrary to the recommendations of my Homeopath. As a result, I do hereby voluntarily and on an informed basis refuse consent for the recommended procedure(s) specified above.

Patient or Lawful Representative Signature _____ Date Signed _____

Witness Signature* _____

Relation to Patient _____

Address _____

Phone No. _____

*Witness signature is advised but not required