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Tom Daly BSc ND
Arla Kasaj HBSc ND RAc
Doctors of Naturopathic Medicine

Declaration and Consent to Treatment

Patient Name: _____

Date: _____

please print

Assessment and Treatment

Tom Daly and Arla Kasaj practice naturopathic medicine using a combination of the following forms of treatment: standard medical techniques (i.e. physical examination and lab work), nutrition, traditional Oriental medicine, homeopathic medicine, botanical medicine (i.e. herbs), physical treatments and lifestyle counselling.

After taking a thorough case history, you will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks, side effects, and in each case the consequences of not having the diagnosis and /or treatment acted upon. As with any form of medical intervention there can be health risks associated with treatments by naturopathic medicine. Some possible side effects could be aggravation of pre-existing symptoms, an allergic reaction to supplements or herbs, and/or pain, bruising, or fainting from acupuncture.

I understand that Tom Daly and Arla Kasaj are licensed Naturopathic Doctors (N.D.). Any treatment or advice provided to me as a patient of Tom Daly or Arla Kasaj is not exclusive from any treatment or advice that I may receive in the future from another licensed health care provider. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario.

I understand that in the event of a medical emergency, I am advised to seek conventional medical care at a hospital or clinic if I am unable to reach my Naturopathic Doctor.

I understand that the products available through the clinic dispensary may be available through retailers of natural health products in the community.

I understand that I have the right to ask any questions regarding the nature of my treatment, including foreseen risks and benefits. I understand that, as in any medical treatment, results are not guaranteed. With this knowledge, I voluntarily consent to Naturopathic care. I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent at any time.

I welcome professional dialogue regarding my case between members of my care team at Belmont Natural Health Centre. Yes / No

Patient Fees

Adult	\$136 per hour
Senior (65+) or Student/Child (17 and under)	\$110 per hour

Missed appointments without 24 hours cancellation notice will be billed at hourly rate

I have read all of the above and accept that these are the terms and conditions while under the Naturopathic care of Tom Daly, B.Sc. N.D. or Arla Kasaj, HBSc. N.D.

Signature: _____

Date: _____

Patient or Parent/Guardia

WHOLE PERSON HEALTHCARE FOR YOU AND YOUR FAMILY