



WELCOME FORM

Personal Information

Name: _____ Date: _____

Date of Birth: _____ Sex: _____

Gender: _____

Tel. to Call 1st: _____ (home) (mobile) (work) (other)

Tel. to Call 2nd: _____ (home) (mobile) (work) (other)

Tel. to Call 3rd: _____ (home) (mobile) (work) (other)

May we leave voice messages? 1st Tel 2nd Tel 3rd Tel No

May we text you? 1st Tel 2nd Tel 3rd Tel No

Address: _____

Email: _____

Alternate Email: _____

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____ Phone: _____

Email: _____

Name: _____ Relation: _____

Phone: _____ Phone: _____

Email: _____

* We will only contact these numbers if you have a true emergency in the office and you are unable to contact them yourself.

Referral Information

How did you hear about us? _____

* If you were referred to us, please let us know who to thank!



CONSENT TO NATUROPATHIC TREATMENT

I, the undersigned, do hereby acknowledge that my naturopathic doctor wants me to understand and be comfortable with all of their recommendations. I understand that in order to make any recommendations, my naturopath must first take a thorough history and perform physical examinations, including routine blood pressure and vitals.

I acknowledge that my naturopath will fully explain their assessment, including physical findings, laboratory results and diagnoses. I understand that once I have been assessed, all treatment recommendations will be fully explained to me, including the nature of the treatments, expected benefits, potential risks, side effects and financial cost, the likely consequences of not having the treatments, and what alternative courses of action are available to me.

I understand that it is my right to understand all of the above, and that my naturopath will do their best to explain all details to my satisfaction. I further understand that I am free and expected to ask for clarification at any time if I have any questions. I understand that my naturopath has the right to be paid for their time, according to the rate posted in clinic and online.

I understand that, should the need arise, my naturopath is trained to handle emergencies; *however, I understand that Raven Naturopathic is open after regular building hours, including weekends, and that at these times the availability of staff to help in an emergency may be limited.*

I understand that my naturopath will do their best to help me reach my health-related goals; however, results can never be guaranteed.

I understand that I am free to withdraw my consent at any time.

As a result, I do hereby voluntarily provide my informed consent for naturopathic management and treatment as discussed above.

Patient Name (please print): _____ Date: _____

Signature of Patient or Guardian: _____

Naturopathic Doctor: _____

Welcome to Raven Naturopathic Health Services!