

# NATUROPATHIC DECLARATION AND CONSENT TO TREATMENT

Patient Name: \_\_\_\_\_

This is to acknowledge that I have been informed and I understand that:

- Any treatment or advice provided to my child as a patient of the Clinic is not mutually exclusive from any treatment that my child may now be receiving or may in the future receive from any other licensed healthcare provider.
- I am at liberty to seek or continue medical care for my child from a medical doctor or other healthcare provider licensed to practice in P.E.I.
- I am aware that no part of my child's treatment or testing is covered by PEI Medicare and that I am solely responsible for payment.
- Payment is to be made at the time of treatment.

I HEREBY AUTHORIZE AND CONSENT TO  
TREATMENT BY GRETCHEN MACLEAN, N.D.

Signature of Parent or Guardian: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2006

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How did you hear about us?

Advertisement

Word of Mouth

Walk-by

Referral

Other: \_\_\_\_\_

Thank you

**Appointment:**

**Location: 102-A Kent Street**