

GUIA VITA HOMEOPATHIC CLINIC

Guia Vita - Melendres BSMT, MD(Phils.), DHMHS, HOM
Homeopath
790 Bay St. Suite 401
Toronto, Ontario M5G 1N8
Tel: (416)455-2718
Email: guia@me.com

Guia Vita - Melendres, a registered Homeopath, was also a medical doctor with special training in Psychiatry and a Medical Technologist in the Philippines. She is a member of the Canadian Society of Orthomolecular Medicine. She is licensed by the OSMT to do intravenous procedures. She has a wide range of experience in Canada administering vitamin-mineral injections since the year 2000. She is certified to do Cardio-Pulmonary Resuscitation and First Aid (Health Care Practitioners) and Applied Nutritional Microscopy on Live and Dry Blood Cell Analysis.

I am well aware that homeopaths use multiple therapies, over and above homeopathy, in the care of patients depending on their past training and experiences. This includes, but is not limited to, providing nutritional counselling, giving advice on lifestyle, and providing other therapies.

Patient Consent Form

I, _____ of the following address:

do hereby acknowledge and declare that it is of my own free will to come for homeopathic consult and treatment. I am well aware that I have the option of seeking and/or continuing allopathic (conventional) medical treatment from a medical doctor. I am well aware of the differences between conventional medical treatment and that of homeopathic treatment:

- 1. I am aware that unlike conventional medicine where drugs are given to work against the body and its symptoms, homeopathic remedies work with the body to help stimulate the body to heal itself.**
- 2. I am aware that Homeopathic Medicine uses the "Law of similars" (like cures like). Minute doses of plant, animal and mineral substances are used for the treatment and prevention of various symptoms, especially those that have a mental emotional basis.**

3. Treatment in homeopathy is individualized (tailored to each person). Homeopathic practitioners select remedies according to a total picture of the patient, including not only symptoms but lifestyle, emotional and mental states, and other factors.

4. I understand and believe that homeopathy is a very gentle and very effective way of treatment.

5. I know that the College of Homeopaths of Ontario was established to allow self-regulation of Homeopathy within the framework of the Regulated Health Professions Act, 1991 (RHPA) and the Homeopathy Act, 2007. It will ensure safe and competent practice of Homeopathy.

Cost of Treatment*	Adult	Children (0-18) Senior(ages 65+)
Initial Constitutional Consultation	\$250	\$200
Follow-up visit	\$100	\$100
Acute consult	\$150	\$150
Telephone/Skype Consult	\$200	\$150
Follow-up consult by phone or skype	\$100	\$50
Nutritional Analysis	\$80	\$80
Bach Flower Consult	\$80	\$80
Telephone 15-30 mins consult	\$30	\$30

***All prices will have to add HST extra. Prepaid packages available. All fees NON-REFUNDABLE.**

Price for Remedies are separate

Remedies are charged at \$ 10.00. \$ 20.00 (rare remedies) each. Personal Bach Flower compositions are \$ 10.00 each. Postage is charged extra when a remedy is mailed to a patient. Rare and special order remedies are charged extra depending on cost and shipment charges and patients will be promptly notified (we accept cheque, debit, Visa, and Mastercard). I understand that all fees are NON-REFUNDABLE.

Cancellations

48 hours notice is required for cancellations. A late cancellation fee of half of the amount of the session will apply. In case of emergency cancellations after hours please call (416)455-2718 and leave a message or email to guia@me.com

I confirm that there has been no suggestion made to me by Homeopath Guia Vita - Melendres or by anyone under her direction or control that I refrain from seeking or following allopathic medical treatment (and vaccinations). Therefore, I hereby authorize my consent to treatment by Homeopath Guia Vita - Melendres.

I further agree to pay my account after every visit unless other arrangements have been made.

Dated and signed this _____ day of _____, 2015

Patient's signature: _____ Witness: _____