Declaration and Client Consent Form

I, _____, understand and declare that:

1. I have consented to the use of the following treatments, as offered by Dr. Susan Ritcey:

   a)_____

   b)_____

   c)_____

2. These treatments have been explained to me, in terms that I understand, including:
   - what will be done and what will happen in the course of the treatment;
   - what the options or choices of treatments are;
   - how these treatments are intended to help me;
   - the potential risks or side effects of the services;
   - what I can do to lessen any risks or side effects.

3. I have informed Dr. Susan Ritcey, of any and all: (1) prescription drugs, medication, other drugs and remedies that I am currently taking or using: (2) any and all of my illnesses, conditions, medical or otherwise: and (3) any medical treatment or health care service I am currently using.

4. I am able to seek and continue medical care from a medical doctor, surgeon or other health care provider. The treatments provided by Dr. Susan Ritcey, are offered as optional and complimentary to services provided by a physician, surgeon or other licensed health care provider.

5. I understand that Dr. Susan Ritcey is a licensed Naturopathic Doctor in Ontario, and that such naturopathic doctors are not licensed at this time in Nova Scotia. I understand that the services provided to me are not covered by Provincial Health Insurance (MSI).

6. Subject to this paragraph, all patient information, given to Dr. Susan Ritcey, will be kept confidential. Patient information will not be disclosed without the client's written consent unless disclosure is necessary or required by law.

7. I understand and agree that I am personally responsible for fees charged in connection with treatments provided. I agree to pay 50% of the appointment fee if an appointment is missed without 24 hours notice.

8. I have understood each statement in this form. All of my questions about the treatments and issues raised by this form have been answered to my satisfaction and I have understood those answers. I have no further questions at this time.

9. I consent to periodic emails informing me of seasonal featured treatments and natural health information.

_____	_____
Patient's signature	(MM/DD/YYYY)
Patient's Date of Birth	_____
	(MM/DD/YYYY)
_____	_____
Parent/Guardian	(MM/DD/YYYY)
_____	_____
Witness	(MM/DD/YYYY)