Nature Doctors
Naturopathic Family Medicine Inc.

Dr. Eduardo Barreto

Natural Health Consultant • Homeopathic Medicine • Acupuncture • Educational Programs
Full Member of the Pan European Federation of Traditional Chinese Medicine Societies

INFORMATION SHEET

Please Print

LAST NAME:	FIRST NAME:		Today's Date:
Street Address or PO BOX	City	Province	Postal Code
Phone:	Cell Phone or Other	Work Phone	
Email		Birth Date:	
Referred by:			
Under 18: Parent or Guardian Name and signature.			

MEDICAL HISTORY

Primary Concern:	
Goal (s) of Treatment:	
Family Physician:	Other Practitioner:
Allergies:	
Medical Conditions:	
Medications, supplements and vitamins:	
Surgeries:	
Car Accidents, traumas, injuries.	
Sleep:	

IN CASE OF EMERGENCY

Name:	Relationship:
Primary Phone: Home☐ Work☐ Cell☐	Alternate Phone: Home☐ Work☐ Cell☐

Unit 7-1200 Waverley St. • Winnipeg, Manitoba • 204-943-6079
www.drbarretointegralhealth.com • www.thenaturedoctors.ca

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CONSENT TO TREATMENT

I understand that Dr Eduardo Barreto is a Homeopath and Natural Health Consultant, and is using Acupuncture and is not working like a medical doctor.

As such, I acknowledge that is my right and responsibility to seek medical counsel and diagnosis from my family physician (is so desired) for my present or future condition(s).

I also reserve the right to terminate the Homeopathic/Acupuncture treatment at any time.

I acknowledge that my health is my own responsibility and I am exercising my right to choose an alternative method of treatment using Homeopathy and/or Acupuncture.

I understand that all the information related with my condition will be kept confidential.

I understand that Dr. Eduardo Barreto is not covered by private insurance companies.

I _____ have read, understood and agree to the above
(print)
statements.

(If you are signing in behalf of the patient please fill his or her name and your relationship

Patient's name_____ _____)

_____ _____
Signature Date

NOTE: Acupuncture and Homeopathy examination and treatment could include some physical contact, please tell Dr. Eduardo Barreto if you feel uncomfortable with this.

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Declaration and Consent to Treatment
Nature Doctors Naturopathic Family Medical Centre Inc

Even the gentlest therapies have their complications. Certain conditions such as pregnancy, lactation, those on multiple medications or who have certain diseases such as diabetes, heart, liver or kidney disease, or are very young need to proceed with caution in treatment. It is very important that you inform your practitioner immediately of:

- any disease process that you are suffering from
- if you are on any medication or over the counter drugs
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant or if you are breast-feeding

There are some potential health risks to treatment by Homeopathic and Traditional Chinese Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself when law requires it. I understand that I may look at my medical record at anytime and can request a copy or have a report drawn up by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.
I understand that my homeopathic doctor will answer any questions that I have to the best of his/her ability. I understand that results are not guaranteed. I do not expect the homeopathic doctor to be able to anticipate and explain all risks and complications. I will rely on the homeopathic doctor to exercise their judgment during the course of procedures which they feel are in my best interest, based on the known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions below):

_____

_____

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

THIS IS TO ACKNOWLEDGE that I have been informed and I understand that: Any treatment or advice provided to me as a patient, is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider;

I. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Manitoba;

II. No employee, student or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;

III. The treatment and therapies rendered or recommended by this Clinic may be different from those offered by a medical doctor or other licensed health care provider.

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive at Nature Doctors Naturopathic Family Medical Centre Inc. and hereby authorize and consent to treatment.

I AGREE to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests, administrative fees as well as other applicable fees. I understand that I must give 2 full business days to change or cancel an appointment. If I do not follow this cancellation policy, or simply do not show up for my appointment, I agree to pay the full cost of the appointment.

Patient's Full Name: _____

Date of Consent: _____

_____
Signature of patient or legal guardian

We require 48 hours notice for cancellation of your appointment so your time may be filled by someone on the waiting list. If you do not call by 5:30pm two business days prior to cancel or reschedule, you will be charged for the full cost of the appointment.