

## New Patient Policy and Fee Explanation

Dear Patient,

The services of Naturopathic Physicians are covered by many extended health care providers, but are currently not covered under the Medical Services Plan (MSP). Please take note of the following policies:

1. The cost of initial consultation is \$125.00.
2. Subsequent visits are \$50.00 and are booked in 40 minute increments; any time over this will be billed accordingly.
3. If you receive Assisted Premiums with the Medical Services Plan, please let us know before drawing up the bill (and provide us with your MSP card number).
4. Payment is due when services rendered. Credit cannot be extended without prior approval.
5. **Appointments not cancelled with sufficient notice (greater than 24 hours) are charged a fee of \$30.00 for single appointment, and \$60.00 on a double appointment.**
6. There is a \$30.00 charge on NSF cheques.
7. Additional services (such as prolotherapy injections, chelation therapy, other injection therapies, supplements, assisted treatments, blood tests, acupuncture, etc) will incur separate or additional fees.
8. Visits and testing are often covered under extended health insurance plans and can be reimbursed accordingly. I would strongly advise you to:  
    Look for an extended medical coverage plan to reimburse the costs of your treatment, if required.  
    Write or lobby your MLA to get the government to create extended coverage for Naturopathic Physicians.

Yours In Health,

Dr. Kulwinder Sraw, N.D.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL CHARGES INCURRED.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

---

*Dr. Kulwinder Sraw, BSc ND*

#320—1105 Pandora Avenue Victoria, B.C. V8V 3P9 (250)384-1700

www.victorianaturopathic.com wellness@victorianaturopathic.com

## Informed Consent for Treatment

I, \_\_\_\_\_, hereby authorize Dr. Kulwinder Sraw, the naturopathic physician of Coastal Integrated Medicine to perform the following procedures to facilitate my diagnosis and treatment:

**Common Diagnostic Procedures:** venipuncture, laboratory, physical exam

**Medicinal Use of Nutrition:** therapeutic nutrition, nutritional supplements, intra-muscular, subcutaneous, intracutaneous and intravenous vitamin/mineral injections.

**Physical Medicine:** microcurrent / electrical frequency, manipulative therapy, soft tissue therapy, injection therapies (prolotherapy, neural therapy, chelation therapy), trigger point therapy.

**Acupuncture:** insertion of acupuncture needles into the dermis and subcutaneous layers of the skin.

**Botanical Medicine:** herbs prescribed as teas, alcoholic tinctures, capsules, tablets, creams, or plasters.

**Homeopathic Medicine:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to stimulate the body's healing capabilities.

**Lifestyle Counselling and Hygiene:** diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

I recognize the potential risks and benefits of these procedures as described below:

**Potential Risks** – allergic reaction and adverse effect to prescribed herbs, supplements and medications, inconvenience of lifestyle changes, injury from injections or venipuncture, acupuncture, manipulation or other procedures.

**Potential Benefits** – restoration of health and the body's maximum functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease and its progression.

**Notice to Women:** all female patients must inform the doctor if they know or suspect pregnancy, as some of the therapies used could present a risk to the pregnancy – mother and fetus.

With this knowledge and understanding, I voluntarily consent to the above procedures. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that Dr. Kulwinder Sraw will keep a record of the health services provided to me. This record will be kept in confidential and will not be released to others unless directed by myself or my representative in writing or unless is required by law. I understand that I may look at my medical record and can request a copy. I understand that my medical records will not be kept for more than seven (7) years after the day of my last appointment. I understand that any questions concerning this form may be asked of the naturopathic physician.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient's Representative or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

---

*Dr. Kulwinder Sraw, BSc ND*

#320—1105 Pandora Avenue Victoria, B.C. V8V 3P9 (250)475-1700

www.victorianaturopathic.com wellness@victorianaturopathic.com