



Phone: 613-706-3432

PLEASE EMAIL THIS FORM BACK TO:

[info@ewcentre.com](mailto:info@ewcentre.com) | [www.ewcentre.ca](http://www.ewcentre.ca)

**DATE:**

**CLIENT NAME:**

We are embarking on a journey to a better, healthier you. I want to be sure that we understand how this will work, and that you are comfortable with the process. In that regard, please confirm the following:

1. I need some personal information about you to make nutritional assessments and to design a personal health plan for you.
2. I, and associated therapists/staff members of EWC, will keep your personal information secured and confidential in accordance with provincial laws and will use it only for the purpose of your personal health plan and communicating with your health care providers (with your consent) or in the case of emergency or as may be required by law.
3. I will keep your file on record for five (5) years after our last meeting
4. Your file will be kept active for three (3) months from the time of our last meeting
5. Personal service rates are based on \$200 per initial assessment, \$75 per 30-minutes, and \$100 for 45 minutes.

**PLEASE INITIAL BESIDE EACH OF THE FOLLOWING LINES**

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6. **Pre-payments are required to reserve your appointment and are non-refundable. Your appointment may only be re-scheduled above 48 hours. Invoices are given at the end of the session. Discounts are available for service packages. All other requested extra services are chargeable by time.** \_\_\_\_\_ (*\*Patient Initials*)
  7. **Fees for any remaining pre-paid sessions will be forfeited if there is more than a three (1) month lapse between meetings.** \_\_\_\_\_ (*\*Patient Initials*)
  8. **If you choose not to complete a pre-paid session/program that you have pre-paid for, there will be no refund and sessions cannot be transferred to family members or friends.**  
\_\_\_\_\_ (*\*Patient Initials*)
  9. **Please provide 48 hours' notice for change of appointment time. The full fee will apply if notice of 48 hours is not provided or an appointment is missed.** \_\_\_\_\_ (*\*Patient Initials*)
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10. Each personal session is highly customized to the clients' needs, goals, and limitations. The first session runs for 60 minutes and the following sessions will be between 30-45 minutes. Skype calls/phone call sessions may be provided upon request.
11. I am happy to answer brief emails, text messages or telephone calls, but lengthy communications may be subject to billing.
12. Clients should expect to fully engage in a significant behaviour and lifestyle change, which will touch upon many areas of life. I will be there to provide awareness, encouragement, and

motivation, but I will maintain a professional relationship with the client and honour the agreed upon scope of service.

Furthermore, we do not make decisions for the client, but act as a guide that offers information and support. Ultimately, you are the decision-maker and your success is greatly determined by your attitude and hard work.

### **CREDIT CARD POLICY AGREEMENT**

I hereby authorize Elysian Wellness Centre to store a provided credit card for security purposes. I understand my credit card information is secure and kept in an encrypted system in accordance to federal laws. I hereby authorize Elysian Wellness Centre to charge my credit card for any missed appointments, late cancellations, services/products rendered, appointment fees, or outstanding account balances without notice.

### **WAIVER**

The advice offered by R.D. Sara Awija requires the Client engage in a life change. The more the Client is committed to change, the more beneficial, satisfying and comfortable the experience will be.

Elysian Wellness Centre does not guarantee a specific outcome. Rather, I give information and advice that is based on the research and conclusions of various experts in the field. I make very clear the distinction between my professional opinion and experience with the views of the scientific community.

Elysian Wellness Centre does not offer any guarantee of success, or definitive changed behaviour. Since the Client accepts full responsibility for decisions, Elysian Wellness Centre is not liable.

### **Acknowledgment**

I have read, or have had read to me, all of the above and understand the nutritional information provided by you. I have had the opportunity to ask questions about your services, as well as any personal information that you may record about me. I understand that you may confer with my physician about my nutritional counselling and may obtain information from my physician in relation to the same. I also confirm that your advice and counselling do not over-ride my physician's advice and that you may rely on information provided by my physician.

By signing, I agree to all the above policies and procedures.

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*Name of Signator*

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*Signature of Client/Guardian*