



Mardian Natural Medicine

347 Old Chicopee Trail, Kitchener, Ontario, N2A 4G5

Telephone: (519) 896-4800 Fax: (519) 896-4806

Email: info@MNM.ca Website: MNM.ca

Mini Visit Form

First Name: _____ Last Name: _____

Age: _____ Birth Date: _____ Sex: Male Female

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Your email address: _____

How did you hear about our clinic? _____

The 15-minute in-office consultation is for the assessment of eligibility for subcutaneous vitamin B12 injections and Acupuncture treatments only. This consultation is neither used to assess my current state of health, nor to diagnose *potential illness. It is for the sole purpose of determining eligibility for the aforementioned treatments, and determining whether any prohibitive factors for said treatment exist, such as *Allergies to vitamin B12, which in the presence of, would make me ineligible for the treatment. I understand that should I want the professional opinion of a naturopathic doctor with respect to a specific condition, disease, ailment or otherwise, which would not be information provided during the course of my 15-minute in-office consultation, or should I desire to seek an assessment of my health from a naturopathic doctor, or should I desire to seek additional treatment from a naturopathic doctor, an initial one-hour in-office consultation with a naturopathic doctor will be required of me. *(List of prohibitive factors is not exhaustive)

Signature: _____ Date: _____