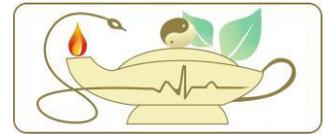


# Naturopathic and Allergy Clinic

Toronto Office .....: Telephone (416) 207-0207, Telefax (416) 207-0272

Caledon East Office.....: Telephone (905) 584-6776, Telefax (416) 207-0272

Email: clinic@live.com



**Dear Preceptor:** This form was specifically designed to help us understand your interests in coming to our office for receptorship. Please tell us in few words about your field of interest. Depending on availability, at our office you may earn preceptor hours by following a Naturopath, Chiropractor, Registered Massage therapy, Osteopath, Acupuncturist, Homeopath, Colon Therapist and IVIT specialist. During your available hours at the office, Dr. Srajeldin will facilitate some preceptor time with the other professionals at the office, given that patients consent to your attendance and time is permitting. The information on this sheet is considered confidential.

## My contact information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone ( ): \_\_\_\_\_ email: \_\_\_\_\_ @ \_\_\_\_\_

Attending College: \_\_\_\_\_ My current year of study: \_\_\_\_\_

I am available on the following Date: \_\_\_\_\_ from: \_\_\_\_\_ till: \_\_\_\_\_

I wish to have my Lunch from: \_\_\_\_\_ till: \_\_\_\_\_

I wish to preceptor in the following fields today : \_\_\_\_\_

## In case of an emergency who may we contact

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (H): ( ) \_\_\_\_\_ (W): ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular: ( ) \_\_\_\_\_

## **Dear Preceptor:**

Welcome to the Naturopathic Wellness and Allergy Clinic in Toronto. The clinic and the staff appreciate your choosing this clinic as a source of extra knowledge about health. We wish that you will:

- Bring your own white coat
- Bring your own name tag that identifies you to our patients
- You must shut off your cells phone while in room with our patients, (not on vibrate)
- You must understand that once in a session with a patient, there aren't any in and out privileges
- You acknowledge, understand and consent that you will not discuss any of the information you hear or see at the office
- You acknowledge, understand and consent not take any recording or photographs of any patients
- You acknowledge, understand and consent not to discuss or suggest any treatments or diagnosis with any patient that you meet
- You acknowledge, understand and consent not to discuss politics, religion or sexuality with any patients

Sign \_\_\_\_\_ Date \_\_\_\_\_