Homeopathy of London
John Somerton BSc. RCSHom
Homeopath
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Helping you achieve true health-naturally...

I, _____, the undersigned, understand that John Somerton is not a *medical doctor*, but instead a **Classical Homeopath**. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with John Somerton, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate homeopathic treatment at any time if so inclined. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative method of treatment, in homeopathy, that addresses my health in its entirety.

FEE SCHEDULE *(Effective May 1, 2012)*

FOOT REFLEXOLOGY	
Individual Sessions	$ 60.00
Group of 5 Sessions ($ 50.00/session)	$ 250.00
HOMEOPATHIC TREATMENTS	
CHRONIC CASE - INITIAL ASSESSMENT	$ 200.00
CHRONIC CASE - FOLLOW-UP AND/OR RE-ASSESSMENTS	$ 100.00
ACUTE CASES (COLDS/FLU/ETC.)	$ 40.00
HOMEOPATHIC REMEDIES	$ 25.00 / bottle
INTEGRATED WHOLISTIC ANTI-AGING THERAPY	$ 200.00
IONIC FOOT BATH DETOXIFICATION	
Individual Sessions	$ 50.00
Group of 5 Sessions ($40.00/session)	$ 200.00
MAGNETIC RESONANCE THERAPY	
Individual Sessions	$ 50.00
Group of 5 Sessions ($40.00/session)	$ 200.00
NATURAL SUPPLEMENTATION (if required to support Homeopathic, Stop-Smoking or Weight Loss Therapies)	$ Individually Priced
STOP-SMOKING CONSULTATION	$ 100.00
WEIGHT LOSS CONSULTATION	$ 100.00

*** Some extended health care plans now cover homeopathy***

Please Note:

- ❏ All fees are payable at the end of each consultation (Visa / Mastercard / Cheque / Cash)
- ❏ Fees do not include H.S.T.

GET WELL POLICY: If you fail to see improvement in **ANY** aspect of your case, following your first follow-up visit, I will not charge you for any subsequent visits or remedies until improvement is noted.

REFERRAL POLICY: Any patient that kindly refers another individual to me, will themselves receive a cheque for $50.00.

Patients Signature: _____ _____
(If under 18 yrs of age, a parent or guardian must sign on your behalf) Date