Company Name:

Media Account Consultant:

**PRODUCTS/SERVICES**

*Please indicate the products/services provided by your naturopathy company by checking off the appropriate ones below.*

**Treatments:**

\_\_\_ Clinical Nutrition (Diet)

\_\_\_ Lifestyle Counselling

\_\_\_ Botanical Medicine (Herbalism)

\_\_\_ Hydrotherapy

\_\_\_ Naturopathic Manipulation

\_\_\_ Massage Therapy

\_\_\_ Registered Massage Therapy

\_\_\_ Craniosacral Therapy

\_\_\_ Traditional Chinese Medicine

\_\_\_ Acupuncture

\_\_\_ Prolotherapy

\_\_\_ Ozone Therapy

\_\_\_ Osteopathy

\_\_\_ Homeopathy

\_\_\_ Colon Cleansing

\_\_\_ Chelation Therapy

\_\_\_ IV Therapy

**Services/Programs:**

\_\_\_ Pain & sport management

\_\_\_ Cardiovascular & metabolic programs

\_\_\_ Weight loss

\_\_\_ Fertility

\_\_\_ Allergy relief

\_\_\_ Gastrointestinal restoration

\_\_\_ Stress relief

\_\_\_ Cancer programs

**Other Services** (list below):