

Client Statement of Informed Consent

- I am an adult and have voluntarily chosen homeopathic care for myself or my child(ren) or ward(s).
- I have read and understood the information in this handout and understand the Homeopath is not a licensed medical doctor, physician or health care provider. I have had the opportunity to ask questions about things I did not understand.
- If I have a medical complaint or question about my health, or that of my child(ren) or ward(s), I will consult with a physician or medical doctor. If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of a medical doctor trained in the use of the kinds of medication I am taking.
- I further understand that the Homeopath does not diagnose, treat, prevent or prescribe for any disease, syndrome or condition. She is helping me to increase my general energy and constitutional vitality.
- I voluntarily consent to the use of the homeopathic services, for myself, child(ren), or ward(s), after having fully informed myself about homeopathy.
- If the services are for my child or ward, I represent that I have authority to make health care decisions for my child/ward, and in my judgment it is in the child's or ward's best interest to receive homeopathic care, and that if I have any concerns or questions whatsoever about my child's health, I will take my child/ward to a competent physician in a timely manner.
- I have read, understood, and agree to the Consultation Fee Schedule and Cancellation Policy.
- I understand that everything in this Information and Consent that refers to me or the client, also refers to my child or ward, as appropriate.

Signature

Date

Name (Print)

Name of Child/ward (Print)

Name of Child/ward (Print)

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