

Informed Consent For Holistic Wellness Care

I understand that nutritional, supplement, and wellness counseling is not a substitute for medical examination, diagnosis, or treatment and that I need to inform my medical practitioners and pharmacist of any nutritional supplements I take. I will not hold practitioner liable for any interactions between the nutritional supplementation recommended and my prescription medications. I also understand that some treatments and supplements recommended or received are to bring my body into balance and may be considered experimental therapies and not approved by the FDA, and are not to diagnose, treat, cure, or prevent disease or illness.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Any and all questions I have about the recommended supplements or treatments have been answered and the benefits and draw backs of all recommended treatments have been thoroughly explained to my satisfaction.

I am the client receiving care

I am the guardian of the client receiving care Client _____

I am an authorized representative of the client receiving care _____

Print Name: _____

Signature: _____ Date: _____

Practitioner Signature: _____