

## HOMEOPATHIC CONSENT AND RELEASE FORM

Homeopathy is a system of medicine which offers a holistic and individualized approach to your health. It utilizes dilute substances derived mainly from plant, animal and mineral sources. The objective of the homeopathic examination is to consider your entire "picture". It represents your current state of health (physical, mental and emotional) and enables a Homeopath to select a *homeopathic* medicine that is best suited to you at this time. Nutritional assessment and counseling is often a part of the intake process. When used correctly under the supervision of a qualified practitioner, Homeopathy is considered to be a safe integrative/preventative system of health care. It is not intended to be a substitute for allopathic or traditional medicine. The therapy and information offered should not be construed by you, the client, to be a medical diagnosis of any disease or injury. You should consult with your physician for any serious medical condition.

**Please read carefully and sign at the bottom. We are happy to address any questions or concerns.**

I acknowledge that I have the option of seeking/continuing conventional medical care from a medical doctor and that homeopathic treatment and conventional medical treatments are different but can complement each other. I confirm that there has been no suggestion made to me that I refrain from seeking or following conventional medical treatment. I recognize that input from my medical doctor is welcome, and the information will be used to augment the homeopathic case-taking process. I am free to withdraw my consent and to discontinue treatment at any time.

While \_\_\_\_\_ has had extensive training in the science and art of Homeopathy, I acknowledge that s/he is not a medical doctor.

I confirm that any prescription medications I am taking under the care of a physician will not be withdrawn without his/her supervision.

I fully understand what has been presented to me with regards to the nature of homeopathic medicines and their safety, and the credentials of my homeopath.

I understand that a block of time has been set aside for my private appointment, and that a 24-hour notification is required if I must cancel. I understand that there is a full charge for appointments canceled less than 24 hours in advance.

I understand that payment is due at the time services are rendered, unless other arrangements have been made prior to the appointment.

I understand that phone consultations will be billed at the usual hourly rate.

I understand that current fees for consultations are as follows, but that there may be changes in the fee structure in the future.

Initial Consultation	\$	(90-120 minutes)
Follow-up consultation	\$	(30-45 minutes)

**I HAVE READ THE ABOVE AND AGREE TO ALL TERMS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient is under 18 years, parental signature is required