

Monica Tomatis Master Herbalist

## CONSENT FORM

Full Name (please print): \_\_\_\_\_

I understand that I am consulting with a health counselor and that the form of assistance that I will receive is based on naturopathic principles, practices, and therapies. As with any therapy, including conventional medicine, I understand that no treatment is guaranteed to be successful. I also understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or unless it is required by law. I also confirm that I have the ability to accept or reject this care of my own free will and choice and I understand that there will be no diagnosis made, nor prescriptions given.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ guardian's name (please print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_