Client Informed Consent Form

I acknowledge and confirm that:

- I am of legal age and I am requesting a consultation with Theodora Parsons-Bishop, Herbalist.
- This consultation is not to diagnose or treat illness or disease, but for education and support of a person's wellness.
- I understand that this consultation is not intended to be a replacement for medical care and that I will seek medical treatment from a licensed healthcare provider if required.
- I understand that botanical and nutritional supplements may be contraindicated with certain health conditions. For this reason, I confirm that I have had a general physical examination from a Medical Doctor within the last 12 months, and have disclosed any conditions diagnosed on the health evaluation form.
- I understand that botanicals and nutritional supplements can interact with medications. For this reason, I have disclosed all medication on the health evaluation form.
- I understand that herbal medicine is not regulated nor approved by the Federal Drug Administration unless otherwise noted.
- I understand that no guarantees are made or implied regarding results from botanical or nutritional supplements or natural health methods, and that, achieving wellness requires my commitment to my own good health, whether through diet, exercise, or lifestyle changes.
- I understand that I am under no obligation to follow any of the recommendations for lifestyle changes made by Theodora Parsons-Bishop.
- I understand that I am not required to purchase botanical or nutritional supplements through Theodora Parsons-Bishop.

In consideration of my acceptance as a participant in this private consultation session, I for myself, my heirs, executors, administrators, and assignees do hereby release and discharge Theodora Parsons-Bishop from all claims of damages, demands, or actions whatsoever in any manner arising from, or growing out of, my participation.

NAME			
Signature	 	 	
Date			