INFORMED CONSENT FORM

Name and Surname		
Date of Birth		
Occupation		
Cell		
Email		
Address		
Country	Town	Area / Postal Code

Do you have any of the following ?

Pacemaker	No	Yes	Breast Implants	No	Yes
Insulin Pump	No	Yes	Dental Implant	No	Yes
Internal Defibrillator	No	Yes	Root canal	No	Yes
Are you Pregnant	No	Yes	Mercury fillings	No	Yes

Dis-eases / Emotional / Physical Challenges ?

Priority concern:

Medication or Herbal Suppements ?

Any Operations ?

I understand that the practitioner does not claim to cure or diagnose any medical conditions. Their opinion it that of a holistic, complimentary and alternative therapist, and their professional opinions, advice, and examinations are recommendations, and do NOT constitute the medical advice of a doctor / physician.

The information in these sessions will be handled in a confidential manner. The personal growth support i receive will be based on ethical values and principles.

I take full responsibility for any decisions, choices and actions i make in conjunction with the personal growth support i receive, therefore absolve my facilitator from all liability,

I have read and understood the above.

Signature ..... Date .....