

HOMEOPATHIC CONSENT AND RELEASE

Homeopathy is a system of medicine that 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 Andrea Hauser has had extensive training in the science and art of Homeopathy, I acknowledge that she 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 I confirm that any prescription medications I am taking under the care of a physician will not be withdrawn without his/her supervision.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 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, but that there may be changes in the fee structure in the future. (Please ask for the fee schedule).

I HAVE READ THE ABOVE AND AGREE TO ALL TERMS:

Name: _____

*Signature: _____ Date: _____

*If patient is under 18 years, parental signature is required

LIVE CELL ANALYSIS CONSENT

I, _____ (please print name), consent to have a sample of my blood taken and analyzed by Andrea Hauser, Homeopath. I understand that Live Cell Analysis (LCA) is NOT a diagnostic tool and should not be used for diagnostic purposes. I understand that LCA is a preventative and educational tool, and that observations can vary daily based on many factors such as nutritional and hydration status, contact or consumption of toxins etc.

I confirm that there has been no suggestion made to me by Andrea Hauser, Homeopath to prevent me from seeking or following allopathic treatment. I agree to inform Andrea Hauser prior to taking my blood specimen whether I have any communicable diseases such as Hepatitis or HIV.

*Signature: _____ Date: _____

*If patient is under 18 years, parental signature is required