

Client Statement of Consent

•I am an adult and have voluntarily chosen homeopathic care for myself or my child(ren) or ward(s).

•I have read and understood the information in this handout and understand the Homeopath is not a licensed medical doctor, physician or healthcare provider. I have had the opportunity to ask questions about things I did not understand.

•If I have a medical complaint or question about my health, or that of my child(ren) or ward(s), I will consult with a physician or medical doctor. If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of a medical doctor trained in the use of the kinds of medication I am taking.

•I further understand that the Homeopath does not diagnose, treat, prevent or prescribe for any disease, syndrome or condition. She is helping me to increase my general energy and constitutional vitality.

Signature/ Date _____

Name (Print) _____

Name of Child/ward (Print) _____

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