

Client Informed Consent Form

Name (please print) _____

Parent's Signature (if a minor) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Referred by _____

I acknowledge and confirm that:

- 1. I am of legal age and I am requesting a consultation from Lora Cantele, R.A.*
- 2. This consultation is for educational purposes and is not to diagnose or treat disease.*
- 3. I understand this consultation is not intended to replace medical care and I will seek medical treatment from a licensed health care provider, if required.*
- 4. I understand botanicals (including essential oils) may be contraindicated with certain health conditions. For this reason, I confirm that I have had a general physical exam from a medical doctor within the last 12 months and have disclosed any diagnosed conditions on the Client Information form.*
- 5. I understand that botanicals (including essential oils) can interact with prescribed medication. For this reason, I have disclosed all medications that I may be taking on the Client Information form.*
- 6. I will notify any healthcare provider of any essential oils, herbs, and/or dietary supplements that I may be taking.*
- 7. I understand Aromatherapy is not regulated by the Food & Drug Administration.*
- 8. I understand that no guarantees are made regarding the results from Aromatherapy or natural health methods, and that achieving wellness requires my commitment to my own good health, whether through diet, exercise or stress relief.*
- 9. I am under no obligation to follow any recommendations for lifestyle changes made by Lora Cantele, R.A.*

In consideration of my acceptance as a participant in this/these private consultation(s), I for myself, heirs, executors, administrators and assignees, do hereby release and discharge Lora Cantele R.A. or any of her associates and heirs from all claims of damages, demands, or actions whatsoever in any manner arising from or growing out of my participation.

Client Signature

Date