**CONSENT TO TREATMENT**

I, the undersigned client, hereby consent to and authorize \_\_\_\_\_(your name & title)\_\_\_\_\_\_\_\_\_\_ to supply holistic tools in specific protocols for stress reduction, pain management and educational purposes.

I understand that this \_\_\_\_\_(title)\_\_\_\_\_\_\_\_\_\_\_ is not acting as a licensed medical practitioner, and that this is not a medical treatment.

I understand that this intervention is not intended to diagnose any medical condition, or to take the place of any medical treatment prescribed by my physician.

I further understand that no guarantees or assurances have been made as to the results of such services, and that these services are intended as a complement to the medical plan of treatment provided to me by my physician, not as a cure of any medical or emotional condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Client’s Name Client’s Signature

I, the undersigned \_\_\_\_\_(title)\_\_\_\_\_\_\_\_\_\_\_ am providing education and holistic tools solely as an adjunct to the clients’ standard medical treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date [Title - Practitioner] Signature