



A European BioRegulatory Approach to Health

Appointment Consent Form

Client Name: _____

I hereby give my consent to attend and undergo, or have my minor child attend and undergo, consultation sessions at True Wellness. I, with full knowledge and understanding, willingly affirm that True Wellness and its agents, owners and employees do not make any claim to diagnose, treat or cure any illness or disease.

Diagnosis requires a particular type of clinical and other examination procedures, and the correlation of the results of such procedures by a physician trained in diagnosis will always be part of the True Wellness client's health care team.

I further acknowledge and declare that True Wellness and its agents function solely as health and wellness consultants. I acknowledge and understand that Ian Kennedy is not a medical doctor and does not claim to diagnose or treat any illness or disease.

Any actions, therapies or nutritional supplements engaged in or utilized based on the consultations at True Wellness are of my own undertaking. I further understand that I, the client at True Wellness, take full responsibility regarding taking any supplements or other actions that I may engage in as a result of my consultations at True Wellness. I further acknowledge that it is my responsibility to contact and consult with my primary care physician before starting or engaging in any natural health programs, diets, supplements or therapies.

Furthermore, I will not discontinue, change or alter any medications or therapies that have been prescribed for me by a physician without first consulting the prescribing physician.

I give permission for Ian Kennedy of True Wellness to contact and discuss my health history and any recommendations or programs which I may engage in at True Wellness with my primary care physician.

True Wellness has a 48 hour cancellation policy. A \$25.00 fee will be added to your account for no-show appointments, so please call if you need to reschedule. Scheduling appointments in advance will help lock in the days and times that may work best for your schedule. By doing so often eliminates missed appointments.

Opened herbs/supplements Unopened herbs/ supplements that are returned will entitle the client to a refund for half the original price of the returned herbs. Once an herb/supplement is opened True Wellness cannot resell them and must dispose of any opened herbs or supplements.

Thank you for your understanding. Any questions please see Ian Kennedy.

I have read, or have had read to me the above statements, and have been provided with the opportunity to ask any pertinent questions regarding this information concerning this consent form.

In Witness Whereof, I have executed the foregoing on _____ (date) and by signing below I acknowledge that I have received a copy of this form.

Client's Signature

Client's Printed Name

If minor, signature of parent or guardian

True Wellness Consultant

For Staff Completion:

HRV Completed _____

HRV Reviewed By _____

HRV Notes:
