CLIENT DISCLAIMER

Name: Address:	Initial Consultation Date: Practitioner:

I understand that all procedures and methods used at Natural Practices Clinic are not intended to replace the diagnosis of the presence or absence of any specific medical condition made by my doctor.

I understand that Natural Practices Clinic makes no claim that its system of energetic medicine forms any part of conventional medical treatment.

I understand that the Bio-energetic therapies used at Natural Practices Clinic are intended to help monitor and balance the energetic profile of my body and will work harmoniously alongside most therapies.

I understand that an intact, rebalanced energetic profile assessed by bio-energetic methods does not mean freedom from illness.

I understand that any information provided to me is not to be construed to substitute the medical advice or instructions given to me by my GP.

I understand that Natural Practices Clinic cannot advise me to modify or change any treatment prescribed by my GP.

I understand that all supplements recommended and sold at the Practice are not prescriptive and do not replace any treatments prescribed by my GP.

I understand that it is my responsibility to keep my GP informed as to any complementary therapy treatments I may be receiving.

I understand that Natural Practices Clinic will keep all information about me strictly confidential

I understand that by signing this disclaimer I give my consent to the treatment offered.

Signed…… Date……