

*Michele's Garden*  
*Translating Ancient Natural Health*  
*Traditions and Old World Culinary Customs*  
*to bring about Health and Balance*

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## **INFORMATION AND CONSENT TO SERVICES**

### **VOLUNTARY PARTICIPATION**

I hereby voluntarily consent to herbal consultation. I acknowledge that the purposes, goals, techniques, procedures, limitations, potential risks and benefits of the service to be performed have been explained to me. I understand that I am free to discontinue service at any time.

### **Herbal Consultations Services to be provided**

I understand that herbs are considered to be food supplements and are designed to strengthen and support the body's natural abilities to heal and deal with stress. Herbs, along with non-medical nutritional suggestions can serve as an excellent adjunct to a medical doctor's treatment, and I am advised to consult a physician before beginning herbal consultations. An herbalist can neither diagnose nor treat disease.

### **Risks/Possible Side Effects/Healing Response Side effects**

The historical record and modern research indicate that the herbs most often used for healthcare have an exceptional safety record. However, adverse events can occur after using any active substance. Side effects that have occasionally been reported after using herbs include headaches, skin rashes, and digestive upsets. Such effects generally resolve rapidly, especially if the dosage is reduced or the herb is stopped. Allergic reactions are also very rare but have been reported, usually in individuals with

contact allergy to specific plants. An herbalist may be able to propose measure to reduce any discomforts or may make a referral to a licensed practitioner.

### **Herb-drug Interaction**

Although speculative interactions between herbs and drugs are sometimes publicized, confirmed cases are rare. Nevertheless, some prescribed drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. I understand it is my responsibility to disclose fully any medications I am currently using, including other herbs and supplements. I also understand that I am advised to inform my physician of any herbs or supplements I am using. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb should be reported to all health professionals involved. It is also advisable to stop taking herbs at least 48 hours before surgical operations, and in the event of being prescribed anticoagulant, anti-epileptic drugs, or digoxin until expert advice is received.

### **Toxicity**

Organs that are most vulnerable to any potent substances are the liver and kidneys. I understand it is important for me to divulge any previous history of disease in either of those organs. Herbs also should not be used in pregnancy or lactation without expert advices and should I become pregnant I will stop taking herbs until advice is received.

**INFORMATION DISCLOSURES**

**No Guarantees**

I know that each person is unique and has ultimate responsibility for his or her own health care. I acknowledge that I have not received any guarantees or promises as to the results or success that will be obtained from the service provided.

**Client Responsibilities**

I understand that it is my responsibility as a client to inform my practitioner about all aspects of my health and that, as service progresses, to inform my practitioner of changes that occur. If I experience any pain, discomfort, or possible adverse side effects, it is my responsibility to notify my practitioner immediately.

**Medical Treatment**

I recognize that an herbal consultant is not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. I am free to consult a medical doctor or any other licensed practitioner at any time. I understand also that if there is an emergency, or a worsening of my health condition, or if a new ailment or condition arises, that I should contact a licensed physician.

**License or Certification**

I recognize that the State of North Carolina does not license herbal practitioners and that any statement of credentials is for information purposes only.

**Fees and Charges**

I have been informed of the fees for service, and I understand that payment is due when the services are provided. If I do not cancel an appointment at least 24 hours in advance, then I am liable for the fee.

**Disclaimer of Health Care Related Services**

I understand that I may continue visiting and treating with my healthcare professional, including, without limitation, my physician. I understand that the person advising me is not acting in the capacity of a doctor, licensed dietician-nutritionist or psychologist. I understand that the consultant is not providing health care or medical therapy services and will not diagnose, treat or cure in any manner whatsoever, any disease or ailment of the human body. All foods, supplements, or herb suggestions are suggestions only, not prescriptions, and anything I consume is my own choice.

I have read, understood and now accept the conditions set forth above, and agree to proceed under these conditions.

_____	_____	_____	_____
Print name of client	Date	Signed by parent/guardian if client is a minor	Date
_____	_____	_____	_____
Signed by client	Date	Signed by witness	Date