

CLIENT INFORMED CONSENT, COACHING AND DISCLOSURE AGREEMENT

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Before we begin, please read this agreement and then sign and date it. This will let us know that you have read and that you understand and comprehend what is written here. This form will ask you about your present condition for which you are seeking coaching as well as any other issues you might have. It also sets out the context in which you will get the outcome you want. It also covers some of the issues of law governing our relationship. This form is designed to present benefits and risks of the therapies offered at this clinic and must be signed before treatment / assessment is commenced. Ask your Practitioner about your questions or concerns before signing this document.

Make sure to tell your Practitioner any medications that you are currently taking so that drug / supplement interactions are minimized. Furthermore, if your condition changes significantly, you become pregnant, or your medication changes you must inform your Practitioner.

As with all health care consultations, Herbalism / Bodywork / Hypnotherapy / NLP / Time Line Therapy / Coaching sessions involve risks as outlined below. It is our duty to inform you of alternatives to Herbalism / Bodywork / Hypnotherapy / NLP / Time Line Therapy / Coaching treatment such as allopathic medicine, Acupuncture, Podiatry or Chiropractic. In this clinic, your treatment may include the following:

This Herbalism / Bodywork Clinic uses Computerized Electro-dermal screening, Bio-Impedance Analysis, Blood Morphology Analysis, Remedial Massage, Ortho-Bionomy, Bowen Therapy, Lightwave infusion healing, Signature Cell Healing, Aromatherapy, Homeopathy, Neuro-Linguistic Programming, Hypnosis, Time Line Therapy, stretching and muscle release techniques to provide care. Nutritional and Herbal Support is often employed. You WILL be given exercises and or specific Tasking to complete at home and send in to the practitioner on a daily basis, you must agree to do the tasking before it is assigned to you

1. I understand that there are no guaranteed clinical outcomes from my Herbalism / Bodywork treatment.
2. I acknowledge that I have discussed with Carma Burchell the risks associated with my proposed care. These include- but are not limited to- muscle and joint soreness or strains, nausea and dizziness, reactions to supplementations and an exacerbation/re-aggravation of my underlying condition.
3. I also acknowledge that the follow additional potential risks- insofar as my proposed care is concerned- have been explained to me:
4. I have had the opportunity to discuss the proposed care with Carma Burchell. I also acknowledge that I have had the opportunity to read this form and ask questions about the nature, extent and purpose of the proposed Herbalism / Bodywork care and I have been given sufficient time to make a decision giving consent for that care to proceed.
5. I acknowledge and am aware of and understand the potential risks and complications associated with the proposed care of my condition.
6. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with my proposed care. I will inform her of any changes to my condition which may include health changes or pregnancy.
7. I agree to do all of the tasking to the best of my ability.
8. I hereby acknowledge my consent to the performance of the proposed Herbalism / Bodywork NLP / Hypnotherapy / Time line Therapy Coaching care by Carma Burchell. I understand that I can withdraw my consent at any time and will make this decision known to my Practitioner.

Signature (patient/guardian) _____ Date _____ Name (print) _____