Natural Health Consultation Policies and Research Release statement...  
Carolyn Wiseman - Holistic Health Coach/Empath Therapist.

Nothing said, done, performed, typed, printed, copied or produced by Carolyn Wiseman is intended or meant to treat, cure, prevent, diagnose, prescribe, or cure disease or medical conditions or take the place of a licensed physician. All clients are encouraged to seek competent medical help when those services may be necessary and indicated. A client accepts total responsibility for their own healthcare and maintenance. Our services, education, and research programs involve constitutional typing or profiling, elimination of harmful lifestyles and habits, cultivation of positive mental attitudes, empath therapy and aromatherapy. All these modalities are designed solely to enhance physical, mental and spiritual fitness, along with healthy mental attitudes, alertness, good nutrition and an appreciation of the environment.

We diagnose nothing and make no attempt to cure any disease condition. We make no claims or imply any claims or suggestions given to our clients that are to cure any condition. Furthermore, we do not claim any supplemental material we may suggest will cure any condition or that its purpose is to treat any condition. In essence, we do not prescribe for or treat any disease. No materials written or distributed are intended to give medical advice and we are not responsible for the application of information supplied to the client.

Any nutritional research assessments and suggestions are intended only for the support and maintenance of optimal health and do not involve diagnosing, prognosticating, or prescribing of food supplements or remedies for the treatment of disease conditions.

Any exercises, soft tissue pressure, or movements demonstrated on the body of a client are activities that can be performed in the privacy of the clients own home by the client or by a person the client chooses. Demonstrations for soft tissue or circulatory/lymphatic enhancement for the vital life forces that sustain and maintain greater fitness levels are not to be construed as treatment for disease conditions.

A variety of non-invasive research methods, modalities, and programs may be used, which include and are not limited to such things as energy balancing techniques, foot/hand reflexology, emotional analysis techniques, empath therapy techniques, aromatherapy and body typing via information supplied by the clients as a result of their association with us.

I have read the above and understand and agree with it completely. I clearly state and establish that my purpose in coming for a consultation is to learn how to establish new lifestyle habits in line with health of the body, mind and soul. I understand that it is my personal decision as to whether or not I follow the program or suggestions.

I completely understand that you are not a medical doctor, and that this program does not replace the advice of a physician. I understand that your advice and suggestions are not meant to conflict with the recommendation of doctors or practitioners who are licensed by state or federal laws. I understand that I have the right to choose alternative methods of health care for myself, and in all cases, I accept full responsibility for my actions.

I, therefore, consent to participation with Carolyn Wiseman and other staff members of her team in research programs and attached services within the framework stated above.

This authorization is valid indefinitely unless rescinded in writing by me. (If client is a minor under 18 years of age this must be signed on page 3 by their legal guardian)

|  |  |
| --- | --- |
| Client  First Name |  |
| Last Name |  |
| Date |  |
| Street Address |  |
| City |  |
| State |  |
| Postcode |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Client  First Name |  |
| Last Name |  |
| Date |  |
| Street Address |  |
| City |  |
| State |  |
| Postcode |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Signature |  |

## I am the parent and/or legal guardian to a minor and accept full responsibility for this consultation. My signature below acknowledges that I have read all of the information on page 1 -3 of the Natural Health Consultation Policies and research Release Statement and agree with it in regards to my child or a child I am guardian to.

|  |  |
| --- | --- |
| Guardian Signature |  |
| Minor’s name (Please type or print) |  |
| Date |  |