



## Clinical Herbal Medicine Disclaimer and Consent for Treatment

Name: \_\_\_\_\_  Female  Male Birth Date: \_\_\_\_\_

**Clinical Herbal Medicine** is a distinct form of health care that combines modern scientific research with traditional and natural forms of medicine. Therapies used include botanical medicine, nutrition, and lifestyle counseling.

Botanical medicine is a plant-based medicine that involves the use of herbal teas, tinctures, decoctions (strong teas), capsules, and other forms of herbal preparations to assist in maintaining and promoting healthy living.

Individual diets and nutritional supplementation are recommended to address deficiencies, treat disease processes, and promote health.

Mental, Emotional and Lifestyle Counseling are essential to the practice of natural medicine. In almost all cases there is a mental/emotional/spiritual component that needs to be addressed so the body can heal itself.

There are some slight health risks to treatment by Natural Medicine. These include but are not limited to: aggravation of pre-existing symptoms and allergic reactions to supplements or herbs.

### **Acknowledgment of Consent**

I understand that Abrah Arneson is a Clinical Herbal Therapist not a Medical Doctor; that non-invasive, natural methods of assessment and treatment of body dysfunctions and body optimization are used.

I understand that Clinical Herbal Therapy does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

I understand that Clinical Herbal Therapy can complement any medical or psychological care I may be receiving.

I understand that the methods used have a proven clinical foundation, yet may not be accepted practice by standardized orthodox medicine.

I understand that the treatment and/or referral to other health practitioners is based upon assessment of my health revealed through personal history, physical examination and other appropriate methods of evaluation.

I understand that Abrah Arneson has the right to determine which cases fall outside of her scope of practice as a Clinical Herbal Therapist, in which event an appropriate referral will be recommended.

I am accepting or rejecting this care of my own free will.

I understand that the ultimate responsibility for my health care is my own, and that Abrah Arneson supports me in this.

She reserves the right to discontinue services where it is apparent that my expectations and what she provides are not in agreement.

Abrah Arneson belongs to the Ontario Herbalist Association which has a peer review board. I understand that if I have any concerns about her conduct during the course of my treatment I may contact the OHA.

I understand that my written permission is necessary to release my file to anyone else and that information is treated confidentially.

I confirm that I have read and understand the above and that I can withdraw this consent at any time.

Patient Name \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Patient / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_