

Octavian Nadu, classical homeopath

Informed Consent

Client Name _____

Date of Birth _____

Minor's Name _____

Minor's Date of Birth _____

Homeopathy has been explained to me as a complement to traditional medicine involving the use of homeopathic remedies for the purpose of increasing one's well-being. Octavian Nadu provide homeopathic consultation that may offer increased well-being benefits to the individual. Any traditional homeopathic remedies recommended may be obtained from any homeopathic remedy provider (Octavian Nadu may provide sample remedies for convenience).

Confidentiality

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except where such disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse or that a client presents a danger to him or herself or to others.

Office policy

I understand that after the initial appointment, follow up appointments will occur every 4 weeks. Questions arising in between follow ups will be responded to as soon as possible during office hours. These communications are intended to resolve brief dosing, administrative and other minor questions.

Cancellation Policy

I understand that payment remains due for any consultation cancelled less than 48 hours in advance of the appointment.

Consent

The undersigned gives Informed Consent for the homeopathic consultation and/or other services that will be provided. I, the undersigned, am over 18 years of age. I have read and understood the information above, and I have voluntarily chosen homeopathic care for myself/for my child.

Octavian Nadu has answered my questions regarding his practice.

I understand that Octavian Nadu is a homeopath and not a medical doctor, and it is therefore recommended that I retain the services of a physician for appropriate evaluations and check-ups for myself/for my child.

I further understand that Octavian Nadu does not diagnose, treat or prescribe for any particular symptom, disease or condition.

I understand that he will work on increasing my/my child's general vitality and constitutional strength. In the event of an emergency concerning me or my child, I am to call 000 immediately, go to the emergency care centre and or contact my physician. The undersigned acknowledges that Octavian Nadu do not provide medical, physical rehabilitation or mental health services and do not engage in the maintenance of human health by the prevention, alleviation or cure of disease, involving or reasonably thought to involve an assumption of responsibility for the other person's physical or mental well-being. Octavian Nadu do not provide diagnosis, treatment, or the prescription or administration of drugs for the relief of physical disease or mental conditions. Under no circumstances should any suggestions be taken as a diagnosis or direction against a licensed physician or mental health professional.

The undersigned hereby releases Octavian Nadu, as well as agents and associates from all claims and liabilities arising from the use or misuse of homeopathic, nutritional and/or wellness modalities, indemnifying and holding Octavian Nadu and agents and associates harmless from all claims and liabilities therefrom whatsoever.

Octavian Nadu reserves all rights.

Client Name _____

Age _____

Client Signature _____

Date _____

Relationship to Client _____

Phone number _____

Address _____