

Consent Form

I understand that Heidi Berkovitz is not a medical doctor, and does not diagnose or treat disease.

I understand that Heidi Berkovitz will evaluate my health needs, research the information I give her, offer suggestions to strengthen and support my body in its natural ability to heal itself. Suggestions may include herbs, nutritional supplements, dietary suggestions, lifestyle/exercise advice, and education.

I understand that this consultation is not intended to replace care from my regular medical doctor. I will keep my doctor informed of the herbal supplements I am taking.

I will inform Heidi Berkovitz of any prescription, over-the-counter medications or additional supplements that I am taking. While herbs have been evidenced to be generally safe, I understand that the potential for side effects, allergies and/or herb-drug interactions may be present. Heidi Berkovitz will research the information I give and notify me regarding any potential interactions.

I take full responsibility for the choices I make in regards to my healthcare. Any suggestions, advice, or herbal products that I take is of my own free will.

Everything discussed during this consultation is completely confidential.

Client's Printed Name

Consultant's Printed Name

Client's Signature

Consultant's Signature

Today's Date

Today's Date