



CLIENT INFORMED CONSENT FORM

I AM INFORMED AND I GIVE MY INFORMED CONSENT TO THE FOLLOWING:

- I am not a patient but a client.
- There will be given no diagnoses, no therapies and no treatments in the medical sense.
- There is not applied a healing method in the sense of the common law.
- I know that the practitioner has no medical knowledge and abilities and therefore the impression the session would be a medical treatment is not given.
- The session cannot replace a medical treatment. The practitioner has made clear, that this method complements the regular medicine, but does not replace it.
- Therefore there is no need to interrupt, postpone, delay or finish ongoing medical treatment.
- I fully agree with this informed consent form and I take my own responsibility for that.
- There are no promises given in regard to healing.
- It is exclusively my responsibility to continue with this treatment or to stop it.
- I am conscious about the fact, that in the early phase after treatment there might occur a first worsening.

Name: _____

First Name: _____

Location/Date: _____

Signature: _____