



## Consent Form

*I understand that Jane Fowler does not claim to cure any illness or disease physical or mental with Alternative Medicine session,*

- I take full responsibility for my health and wellbeing and accept the outcomes of any advice or therapy I receive in this clinic as being complementary and not in place of professional medical treatments. I understand the therapies used and tests do not diagnose disease.
- I understand that Jane Fowler can offering emotional coaching techniques and that these are not in place of counselling, psychotherapy or psychiatry and I will continue with any treatments or medications given to me by other mental health professionals. If this work triggers any pre-existing mental health issues, I will consult my mental health professional.
- I understand I will inform Jane Fowler in full of any existing medical or mental health. Details to be taken at the first session.
- I understand the Touch for Health Kinesiology is a "Touch therapy" and works within the Educational and Self-responsibility model.
- I am to continue all medications and other treatments given by doctors as they are prescribed unless otherwise directed by the doctor who prescribed them..
- I am to disclose any previous anaphylaxis (sensitivity reaction) before treatments can commence so that every care can be taken to avoid direct contact with allergens and treatments.
- My clinic notes and data will be stored securely and will be retained for 5 years then be disposed of securely. I have the right to see my notes at any time.

Name of medical doctor and surgery\_\_\_\_\_

Please list any medication \_\_\_\_\_

Main Reason attending\_\_\_\_\_

Are you receiving medical treatment? If yes, give details\_\_\_\_\_

Full name \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**I have read / *had read* to me the above statements and have had the opportunity consider the information and ask questions. By signing below, I agree to all the terms and conditions and take full responsibility for accepting the sessions and outcome.**

Client Signature

Date