

PERIANTH



HERBS

Client Informed Consent Form

I acknowledge and confirm that:

- I am of legal age and I am requesting a consultation with Carla Martinez, Certified Herbal Practitioner.
- This consultation is not to diagnose or treat disease, but for education and support of wellness.
- I understand that Carla Martinez has completed the following education and training: Two year Herbal Studies Certification, Columbine School of Botanical Studies, two year Herbal Studies Certificate Blue Iris School of Botanical Studies and other additional trainings.
- I understand that this consultation is not intended to replace medical care and that I will seek medical treatment from a licensed health care provider if required.
- I understand that botanical and nutritional supplements may be contraindicated with certain health conditions. For this reason, I confirm that I have had a general physical from a Medical Doctor within the last 12 months, and have disclosed any conditions diagnosed on the intake form.
- I understand that botanicals and nutritional supplements can interact with medications. For this reason, I have disclosed all medication on the intake form.
- I understand that herbal medicine is not regulated nor approved by the Federal Drug Administration unless otherwise noted.
- I understand that no guarantees are made or implied regarding results from botanical or nutritional supplements or natural health methods, and that achieving wellness requires my commitment to my own good health, whether through diet, exercise, or lifestyle changes.
- I understand that I am under no obligation to follow any of the recommendations for lifestyle changes made by Carla Martinez.
- I understand that I am not required to purchase botanical or nutritional supplements through Carla Martinez.

In consideration of my acceptance as a participant in this private consultation session, I for myself, my heirs, executors, administrators and assignees do hereby release and discharge Carla Martinez, and Perianth Herbs, from all claims of damages, demands, or actions whatsoever in any manner arising from, or growing out of, my participation.

NAME _____

Signature _____

Date _____

Please print your name, sign your name, enter the date and then send the completed form to:

Carla Martinez
32488 Mill Canyon Rd. N.
Davenport, WA
99122