

NATURALLY WITH TAMI:

Tami Carlino, NHP
Natural Health Practitioner
www.naturallywithtami.com

CONSENT FORM

Welcome to Natural Health Care

I want you to find hope and healing from your visits.

Your first visit will consist of a **consultation, detailed history, essential oils and in-depth natural health and wellness assessments**. Based on this information, initial recommendations for your treatment protocol will be made. And if necessary for a more complete analysis, you may be referred to further laboratory tests. This health care assessment establishes a baseline measure of health which will be used to monitor your progress.

Treatment often includes **dietary changes, botanical/herbal medicine, nutritional supplementation, and homeopathy**. Any side effects or risks associated with your treatment will be explained to you.

If you are unable to keep a scheduled appointment, please provide 48 hours notice. Without appropriate notice, you will be refunded less than 50% the appointment fee billed via PayPal.

Payment shall be paid in full prior to your appointment via PayPal or at the time of the appointment via credit.

Informed Consent

_____ (Printed Name)

I understand that Tami Carlino has a certification as a Natural Health Practitioner (NHP) from the New Eden School of Natural Health but that natural health wellness is not intended as diagnosis, treatment, prescription or cure for any disease. It is not intended as a substitute for regular medical care. Always seek the advice of your licensed healthcare provider with any questions you may have regarding a medical condition.

I recognize that often the potential health benefits of natural wellness products and supplements recommended under the care of an NHP have not been evaluated by the FDA and are not intended to diagnose, treat, cure or prevent disease. While they are considered more gentle therapies, I also acknowledge that naturopathic remedies, vitamins, supplements and therapies still carry the risk for complications in certain physiological conditions, pregnancy or for those taking multiple medications.

I acknowledge that all disclosed information will remain confidential. This consent form is binding until I choose to inform Tami Carlino in writing that I wish to discontinue visits.

Date

Signature
