

Date: _____

Patient Informed Consent Form

I am aware that Dr. Gilbert is a homeopath and a naturopath, not a medical doctor. I am aware that Dr. Gilbert is not recommending that I discontinue any other treatment or care being provided by any other health care provider.

I understand that I am seeking holistic treatment in the form of lifestyle, educational, nutritional, and homeopathic advice.

I understand that the goal of homeopathy is to increase my (my child's) general vitality and constitutional strength and that no specific disease will be diagnosed or treated.

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/my child.

I am aware that the outcome and duration of homeopathic treatment vary by individual and cannot be guaranteed.

I agree to hold harmless and waive any claim of liability whatsoever, for myself, my heirs, and/or personal representatives against Dr. Gilbert related to any services performed.

Patient Name _____ DOB _____

Parent Name (if minor) _____

Mailing Address _____

Email _____

Home phone _____ Cell phone _____

Primary Care Provider _____

Signature of Patient or Guardian _____ Date _____