

Natural Health & Homeopathy, LLC Dr. Tiffany Gilbert
6th Ave., Suite 103 York, PA 17403
717-515-3157

Date: _____

Patient Informed Consent

I am aware that Dr. Gilbert is a homeopath and naturopath, not a licensed 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 I am seeking holistic treatment in the form of lifestyle, educational, nutritional, and homeopathic advice.

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

I understand that energy forms of healing via The Emotion Code® will be a treatment option. Detox symptoms may occur as a result of this form of treatment.

I am 18 years of age or older and have voluntarily chosen treatment for myself/child.

I am aware that the outcome and duration of 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 and Natural Health & Homeopathy related to any services performed.

Patient Name _____ DOB _____

Parent Name (if minor) _____

Mailing address _____

Email _____

Primary Phone _____

Primary Care Provider _____

Signature of Patient or Guardian _____ Date _____