

Informed Consent

I, _____ understand that Dr-Coach Nadine is a *Certified Nutrition Specialist* and a *Doctor of Naturopathy* (Natural Doctor). As such, Dr Nadine can not and will not diagnose a disease, claim to cure a disease or prescribe medications. It is my responsibility to continue any current or ongoing medical treatment, therapies, and medications until otherwise advised by my physician, psychotherapist, or medical practitioner. ____

Dr Nadine embraces the empowerment model of Naturopaths by providing knowledge; making it possible for me to take greater *personal responsibility* and *ownership* of my health and overall well-being. ____

I understand that Dr Nadine will treat me as a *unique* and *whole* individual, rather than a set of symptoms, and that *together* we will embrace my health concerns in a *holistic* manner to co-create a *mind-body-spirit* wellness plan. ____

The wellness plan that we co-create may include the following alternative choices and treatment options: detoxification, homeopathic remedies, herbal remedies, guided visualizations, meditation, and reading and/or writing assignments. ____

While working with Dr Nadine, I will be presented with information and recommendations for possible lifestyle changes. This may encompass *Eating for my Blood Type*, reducing the use of alcohol, caffeine, and artificial sweeteners. Tobacco, recreational drugs and over the counter drugs will also be addressed. The importance of increasing exercise and reducing stress will be emphasized. I further understand that *any and all* lifestyle changes I make are my *choice*. ____

My identity and any information about me, whether I share it with Dr Nadine or she discovers it on her own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may provide Dr Nadine with permission in writing to contact my primary physician or specialist with regard to my current health concerns. ____

I understand that by making new eating and lifestyle choices along the way will allow me to improve my *quality of life* and allow for greater self-awareness, self-discovery, internal balance and self-healing. ____

Client Signature

Date