



CONSULTATION AGREEMENT  
Amy Page, The Barefoot Homeopath

My signature indicates that I understand and accept the following:

1. Amy Page is not providing my dependent with medical treatment. She is not a doctor and will not provide diagnosis or treatment of disease. I understand that homeopathy is not licensed by the State of Texas. While I am a client, I will maintain my relationship with my regular health care provider(s) for my dependent.
2. Homeopathy and flower essences are systems for the overall enhancement of my dependent's health. I realize that its practice may lead to a temporary aggravation of my dependent's previous health complaints as part of the process of reaching a higher level of health. I accept if Amy Page feels to pause or stop treatment and that it is for my dependent's highest good.
3. The FDA regulates homeopathic remedies and classifies them as over-the-counter medications. I seek the advice of Amy Page as a consultant, and I am choosing to follow her advice in administering homeopathic remedies and flower essences to my dependent.

\_\_\_\_\_  
Signature and date

Client's name: \_\_\_\_\_

Dependent's name: \_\_\_\_\_