



Information and Consent to Services for Herbal Consultation

Date: _____

NAME: _____

Important Information for New Patients

My goal is to assist you in obtaining an improved quality of life through natural healing techniques.

It is good to note that natural healing is not an immediate fix. Eastern medicine's goal is to achieve wellness by helping to supporting the root cause. Sometimes, the root cause of an illness started back in childhood. Because of this, it may take weeks to months to see the results of your transitional work. You should begin to feel changes fairly quickly in the process, but at times, it can take a length of time to see a change at a deeper level.

In order to help you meet your healthcare goals, the below information is very helpful in the process.

Follow up discussions are very important

- Call back seven days after your initial appointment. THIS IS VERY IMPORTANT. Herbal treatments can sometimes create a change after a day or longer. Checking in periodically, and communicating any changes you see, is very important. This will allow me an opportunity to review the change and see if we need to change up the herbal formula, increase or decrease dosage, or add a new herbal product. Report any and all changes or improvements you may be experiencing. Healing is an in-depth process similar to peeling an onion, layer by layer. We may make special changes to your program or customized formulas between visits.

Communication is Key

- Ask questions - transitioning from Western medicine to Eastern methodology can be confusing if you are new to it. I am here to help you understand every part of your healing journey. I am passionate about natural healing and want you to be comfortable and knowledgeable about the journey you are taking while working with me towards your unique health goals.
- Do not hesitate to call with any pertinent updates to your health, well-being, questions regarding the process, etc.
- Touch base to update on any medical tests and medication changes.
 - Stop your herbal supplements and call the office to inform me of any new medications you may be taking. I may need to modify your supplements accordingly.
 - It is also important to call me to inform me of any new medical tests you may have undergone or are about to do.

Your Appointments and Formulas

- Reschedule your follow up appointment as directed. This is the most important part of the healing process. This allows me to assess what is working, and what needs to be modified to meet your body's changing needs.
- Refill your herbal formulas between visits. Please call before your formulas run out.
- Call me if you feel there is a reason to stop your formulas. If there is an emergency stop all of your supplements and contact your doctor.

- As the formulas start to create a deep level of healing over time, I usually do not have to change formulas too often. Once this happens, you may order larger amounts of supplements during each refill.
- If you ever have a serious acute cold or flu, it is usually best to go off all your formulas until you talk with me. At that time I may find the formulas are okay or I may want to suggest something to help the infection resolve quicker.
- I obtain my herbal tinctures from Prairie Star Botanicals and Four Winds Natural Healing Center. Both herb clinics fully follow FDA's Good Manufacturing Practices (GMP's). Prairie Star Botanicals is required to follow the same safety, sanitation and record keeping that pharmaceutical companies do. They do extensive testing including: heavy metals, pesticides, contaminants, adulterants, bacteria, mold and fungi.
- Due to the unique nature of all supplements given to you, it is important that you do not share your supplements with anyone. We want to ensure the safety of everyone taking our recommended formulas, and we only know about your lifestyle, any medications you may be taking, etc.
- Don't feel bad if you can't stick to the whole program, nobody's perfect! The closer you follow the program, the better the results. The healthier your diet and lifestyle, the quicker the healing response will be.

About Herbal Supplements and Services

Services to be provided

I understand that herbs are considered to be food supplements and are utilized to strengthen and support overall health and wellness. Herbs, along with non-medical nutritional suggestions can serve as an excellent complimentary addition to a medical doctor's treatment, but I am not a substitute for a medical doctor - An herbalist can neither diagnose nor treat disease.

Risks/Possible Side Effects

The historical record and modern research indicate that herbs most often used for healthcare have an exceptional safety record. However, adverse reactions and unintended side effects can sometimes occur when taking herbs. Side effects that have occasionally been reported after using herbs include headaches, skin rashes and digestive upsets. Such effects generally resolve rapidly, especially if the dosage is reduced or the herb is stopped. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergy to specific plants. Should adverse reactions or unpleasant side effects occur, I agree to discontinue taking the herbs and contact my herbalist as soon as possible. My herbalist may be able to propose measures to reduce any discomforts or may refer me to a physician or other healthcare practitioner.

Herbs should not be used in pregnancy or lactation without advice of a healthcare practitioner and clients who become pregnant should stop taking herbs until that advice is received. I understand and agree that it is important that I do not exceed the recommended dose of the herbs suggested by my herbalist.

Herb-Drug Interaction

Although herbs and other supplements have the potential to interact with pharmaceuticals, and certain herbs have been shown to have some effect on a limited range of pharmaceuticals, clinically significant interactions between most herbs and prescription drugs could occur. Nevertheless, some prescribed drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is the responsibility of the clients to disclose fully any medications currently in use, including other herbs and supplements. Clients also are expected to inform their physicians of any herbs or supplements they are using. Any indication that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professionals involved. It is also advisable to stop taking herbs at least 48 hours before surgical operations, and in the event of being prescribed anticoagulants, antiepileptic drugs, and digoxin until expert advice is received.

Toxicity

All of the herbs that I use are generally considered safe and non-toxic at recommended doses for most people; however, it is important that the client use the herbs in accordance with the dosage recommended by the herbalist. As the liver and the kidneys are the body organs most vulnerable to any ingested or absorbed substance, it is also important that the client disclose to the herbalist any past or current disease in either of these organs. I also understand and agree to disclose to my herbalist any previous or current liver or kidney disease or related disease as well as any other condition that I believe may have an impact on my health status.

Medical

I am NOT a Medical Doctor, nor do I practice western medical assessment, diagnosis or treatment. I do not claim to cure disease, nor do I give advice about pharmaceuticals and prescription medications at any time.

I require all patients to be under the care of a medical doctor. I understand that if I am currently under a physician's care, I should continue as long as my physician deems necessary. It is my responsibility to consult with my physician before altering any medications or medical treatments. I understand that **Angela Green, Willow Healing** may request a physical exam if it has been over a year since my last exam.

If you have any questions or concerns about your condition, I highly recommend you discuss it with your physician. I can provide detailed letters to your doctor any time you request. I also recommend you inquire and explore any recommendations I provide with any other health care professionals. I understand also that if there is an emergency, or a worsening of my health condition, or if a new ailment or condition arises, that I should consult a licensed physician.

Acknowledgment of Consent

In order to clarify Angela Green's position as a health care practitioner, and the mutual responsibility you have in your health care, I acknowledge:

1. That you understand Angela Green is a Clinical Herbalist and not a Medical Doctor; that non-invasive, natural methods of assessment and support of body dysfunctions and body optimization are used.
2. I understand that, should I need additional care from a practitioner licensed to practice another health care profession, I must seek that assistance from a separately licensed medical professional.
3. That you understand that the methods utilized by Angela Green have a proven clinical foundation, yet may not be accepted practice by standardized orthodox medicine.
4. That you understand that the treatment and/or referral to other health practitioners is based upon assessment of your health revealed through personal history, physical examination, laboratory tests and other appropriate methods of evaluation.
5. That you understand that Angela Green has the right to determine which cases fall outside of her scope of practice as a Medical Herbalist, in which event an appropriate referral will be recommended.
6. I understand that Angela Green is a Member of the American Herbalist Guild and working toward her professional registration with the American Herbalists Guild. I am aware that Angela Green's training and education includes; one year of study as a Western Herbalist, one year of Traditional Chinese Medicine herbalism and over 500 hours of clinic time.
7. I understand that the services provided by Angela Green are restricted to consultation and education and are intended to provide me with information to promote wellbeing. I understand that the information I receive from Angela Green is not intended to diagnose, treat, or cure any disease or condition.
8. I understand that it is my constitutional right to decide how I wish to care for my health. Angela Green has not suggested that I cease any current medical care or therapies. I have sought Angela Green's advice and I recognize that I am free to act upon her/his recommendations as I see fit, and, as such, release her/him of all responsibility for my actions and any consequences thereof, both now and in the future.
9. That you are accepting or rejecting this care of your own free will.
10. I am here on this and subsequent visits solely on my own behalf and not as an agent of federal, state, or local government agencies for purposes of investigation or entrapment. That you are not an agent of any private or government agency attempting to gather information without so stating your intentions.
11. That you understand that the ultimate responsibility for your health care is your own, and that Angela Green supports you in this. She reserves the right to discontinue services where it is apparent that your expectations and what he provides are not in agreement.
12. I understand that payment is due at the time that consultation services are rendered.
13. That you understand that your written permission is necessary to release your file to anyone else and that information is treated confidentially.
14. I have had the opportunity to ask Willow Healing questions regarding the proposed services, this consent form, and other pertinent information, including questions about him or her, and have received satisfactory explanations.
15. I understand that I am free to discontinue service(s) at any time.
16. I have been informed of the fees for service, and I understand that payment is due when the services are provided.

17. Willow Healing has fully described the procedures to me, and has advised me of the risks and possible complications these procedures may pose, which include, but are not limited to: possible increased emotional sensitivity and possible cold or flu like symptoms.
18. There are no guarantees. I know that each person is unique and has ultimate responsibility for his or her own healthcare. I acknowledge that I have not received any guarantees or promises as to the results or success that will be obtained from the herbal and energy services provided,
19. You hereby consent to and grant permission to Angela Green to perform such assessments considered necessary or advisable to determine the therapeutic information, treatments, services and/or products to prepare a comprehensive holistic treatment plan designed for you.
20. Your responsibilities are to inform Willow Healing of:
 - All aspects of my health and a complete medication and supplement profile
 - Report any changes that occur post-appointment
 - If I am pregnant and/or suspect pregnancy at any time while under care.
 - If I experience any pain, discomfort or possible adverse side effects, it is my responsibility to immediately notify Willow Healing.
 - any changes to your medications

Waiver of Liability

By signing below, you agree that Angela Green shall not have any liability to you under any theory of liability in connection with the use of information, treatments, services and/or products provided to you by Angela Green.

- WITHOUT LIMITING THE FOREGOING, IN NO EVENT WILL ANGELA GREEN BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, SPECIAL, EXEMPLARY, PUNITIVE OR INCIDENTAL DAMAGES arising from your use of the information, treatment or products suggested.
- To the maximum extent permitted by law, you further release and forever waive any and all claims or damages you may have against Angela Green including, but not limited to, any claims or damages based upon the negligence of Angela Green for losses or damages sustained in connection with the use of the information, treatments, services and/or products provided to you by Angela Green.
- This agreement shall be binding upon your heirs, personal representatives and executors. Notwithstanding the foregoing, in the event that any of the foregoing provisions are held by a court of competent jurisdiction to be invalid or unenforceable, you agree that the total liability of Angela Green, if any, for losses or damages shall not exceed the amount paid by you for the particular information, treatment, services and/or products provided to you.
- No part of this is intended to diagnose, treat, or cure any illness. Anything discussed during our session is not to be construed as medical advice; I am not a doctor.
- Please discuss your personal health, including any options or ideas you may read on the internet, or willow-healing.com, with your personal, qualified health practitioner before making changes to your diet or adjusting/discontinuing any medication.
- Willow Healing is not responsible for any adverse outcomes associated with using herbal supplements, or misconstruing advice / information.
- You retain the right to question the purpose of the care, reasonable alternative forms of treatment and risks of the recommended care.
- You acknowledge that no guarantees have been or can be made regarding the likelihood or success or outcomes of any information, treatment, services and/or products provided to you.

By signing below, you are requesting and consenting to treatment utilizing the principles and techniques of the above listed therapies to be performed by a professionally trained practitioner and acknowledge that you are at least 21 years of age and competent to make decisions for yourself.

I have had all of my questions with respect to these procedures answered fully and to my satisfaction. I also understand there are no guarantees as to the results of these procedures. I HEREBY RELEASE Angela Green/Willow Healing LLC, FROM ALL CLAIMS, DAMAGES, OR SUITS WHICH MAY ARISE DURING OR DEVELOP IN THE FUTURE, AS A RESULT OF ANY RECOMMENDATIONS AND/OR PROCEDURES.

Due to HIPPA privacy regulations, your information will absolutely be held confidential and not shared with anyone!

Name (Signature): _____

Name (Print): _____ Date: ___/___/___

Mailing Address: _____

Phone Number: _____ Email: _____