



JT NATUROPATHY

joditerese.com.au

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CONSENT FORM FOR ONLINE PURCHASES

Name: _____ Phone: _____ Email: _____

Allergies: _____

Current medication: _____

Health concerns/diagnoses/problems: _____

How did you find out about JT Naturopathy? (please circle)

Relative/Friend Internet Facebook Passing by Other: _____

Any information you provide will be treated with complete confidentiality as per Australian Privacy Principles.

I (name) _____ understand that it is solely my choice to purchase practitioner only product/s or follow any advice deemed helpful to my specific needs. Omitting information about own health may have an impact on the safety of purchased product/s. Anti-social behavior, aggressive behavior, or behavior of a threatening or dangerous nature in any way or form will lead to a refusal of sale and indefinite dismissal of future appointments.

Naturopathy and Nursing practices implemented by JT Naturopathy are within each field's professional scope of practice. I hereby agree to indemnify, release and forever discharge JT Naturopathy from all actions, suits, claims, and demands relating to or arising from the treatment I receive, including all claims or demands which may be brought against me by any third party, and I do further agree that this indemnity may be pleaded in complete bar to any proceedings instituted by me, and I specifically indemnify JT Naturopathy in respect of any liability or claims by any third party, which may arise as the result of the use or application of the treatment I so receive.

I have read the above information and understand that any treatment provided to me is based on the principles of naturopathic medicine and nursing practices. I recognise that although therapies utilised in naturopathic medicine are gentle and safe, complications (though uncommon) may arise. Chances of complications are minimal. These include (but are not limited to): aggravation of pre-existing symptoms, allergic reactions, interactions with other medicinal treatments.

The information I have provided about my health is complete and inclusive of ALL health concerns/diagnoses/problems. I acknowledge that online purchases may be rejected by the practitioner due to my particular health matters warranting prior consultation. I understand in this instance, consultation fees and processes will apply.

By purchasing remedies online, **I agree to comply with paying \$11.00 postage fee** (if applicable).

Please circle

I permit / do not permit my health information to be shared with **my GP (or other health professional):**

GP name: _____ **GP address:** _____

Signed (client / parent or legal guardian) _____ Date: _____