



Busy Women Wellness, LLC
Andrea Crainich, Holistic Health Practitioner
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General Information and Client Informed Consent Form

Client Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

I acknowledge and confirm that:

1. I am of legal age and I am requesting a consultation with Andrea Crainich, HHP, owner of Busy Women Wellness, LLC.
2. This consultation is for educational purposes, and is not to diagnose or treat disease. Andrea Crainich, HHP is not striving to sell me products or services but keep me healthy.
3. I understand that this consultation is not intended to replace medical care, and I will seek medical treatment from a licensed health care provider if required.
4. I understand that botanicals may be contraindicated with certain health conditions. For this reason, I confirm that I have had a general physical from a medical doctor within the last 12 months, and have disclosed my conditions diagnosed on the intake form.
5. I understand that botanicals can interact with medication. For this reason, I have disclosed all medications that I may be taking on the intake form. I also agree to notify all my health care providers of any herbs, essential oils, dietary supplements, or other supplements that I may be taking.
6. I understand that botanicals are dietary supplements under the Dietary Supplement Health and Education Act and are not regulated nor approved by the Federal Drug Administration as drugs.
7. I understand that achieving wellness requires my commitment to my own good health, whether through diet, exercise, or stress relief, and that Andrea Crainich, HHP does not guarantee any particular outcome.
8. I understand that I am under no obligation to follow any recommendations made by the consultant.

9. I understand that the general fee for the consultation does not include any recommended remedies. The fee is due at the time of the consultation.

10. In order to serve me with the best quality care, I understand that Andrea Crainich, HHP, does at times see the need to consult with my health care providers. Information regarding my medical history or current treatment plan may be discussed and shared with the providers.

In consideration of my acceptance as a participant in this private consultation session, I for myself, do hereby release and discharge *Andrea Crainich* and *Busy Women Wellness, LLC* from all claims of damages, demands, or actions whatsoever in any manner arising from or growing out of my participation.

Signature of patient, parent of minor, or personal representative Relationship Date