

Patient Consent Form for Menopause Wellness Coaching

I, _____, hereby consent to participate in menopause wellness coaching sessions provided by Dr. Deborah Ben-Shah. I understand and agree to the following terms:

1. Purpose: The purpose of the menopause wellness coaching is to provide support, guidance, and education on managing symptoms associated with menopause through lifestyle changes, stress management techniques, and holistic approaches.
2. Non-Diagnostic Nature: I understand that the menopause wellness coaching provided is not intended to diagnose any medical condition. It is not a substitute for professional medical advice, diagnosis, or treatment. The coaching sessions are designed to complement, not replace, the relationship between the patient and their healthcare provider.
3. Scope of Practice: Dr. Deborah Ben-Shah will not diagnose any medical condition during the coaching sessions. However, she will be fully aware of your medical conditions and advice and guidance will take your health history into consideration.
4. Medication Discussion: I understand that any decisions regarding the initiation, continuation, or discontinuation of medications related to menopause symptoms should be discussed with my general practitioner or healthcare provider. Dr. Deborah Ben-Shah will not provide medical advice regarding medications but may inform me of the risk and benefits of taking HRT and direct me to the best resources to further my knowledge so I can make informed decisions regarding my own health.
5. Confidentiality: All information shared during the menopause wellness coaching sessions will be kept confidential, except as required by law.
6. Personal Responsibility: I understand that I am responsible for my own health and well-being. I will actively participate in the coaching process, follow any recommendations provided, and communicate openly with Dr. Deborah Ben-Shah regarding my progress and concerns.
7. Agreement: By signing this consent form, I acknowledge that I have read, understood, and agree to the terms outlined above. I consent to participate in the menopause wellness coaching sessions provided by Dr. Deborah Ben-Shah

Signature _____ Date: _____

Please retain a copy of this consent form for your records. If you have any questions or concerns, please do not hesitate to contact Dr. Deborah Ben-Shah for clarification.