**Raindrop Technique**

**Informed Consent**

**Jacqueline Laplante CRTS/LSH**

I understand that the province of British Columbia issues licences to health and wellness professionals authorising them to analyse, assess, diagnose, evaluate, examine and investigate their patients to determine what’s wrong with them. This licence also authorises them to advise, caution, counsel, guide, recommend and suggest cures, interventions, remedies and treatments to address what is wrong with them. I understand Jacqueline Laplante will refer me to a properly licensed professional if I need or if I feel I need a specialist to diagnose, treat, counsel or cure me of anything.

I understand Jacqueline Laplante is a Licenced Spiritual Healer (LSH) qualified to help me surrender to the Divine and accept Divine Healing on every level of my being.

I also understand Jacqueline Laplante is a Certified Raindrop Technique Specialist (CRTS) and is qualified to help me make more informed decisions about my own life and health. I also understand that aromatherapy can help me reduce my stress, manage my pain, detoxify my body and improve my quality of life.

I understand Jacqueline Laplante will not intentionally suggest any diagnosis, treatment, prescription or cure for any disease, disorder or condition that I may have.

I understand that Raindrop Technique is a non-secular art and science and is an application of essential oils. I understand the use of essential oils may help me improve the quality of my life. I also understand that human responses to essential oils may vary considerably and are not predictable because of the unique chemistry, make up, and intent of each individual.

I understand that all natural therapies offered by Jacqueline Laplante are not a substitute for adequate medical care. I intend to remain under the care of my primary care physician.

I understand all healing may cause some minor discomfort, and some adverse side effects may occur through no fault of my own or Jacqueline Laplante. I have read and understand the *Eleven Points to Mention as a Prelude to Raindrop* and/or the *Statistical Validation of Raindrop Technique*.

I understand that my health is my responsibility. I will advise Jacqueline Laplante of anything that might help us work together better to achieve the healing I seek.

I understand my identity and any information about me, whether I share it with Jacqueline Laplante or she discovers it on her own, will be held in the strictest confidence, except when released by me in writing or as required by law.

I acknowledge that I have read and understand this form. Jacqueline Laplante has answered all of my questions. I agree to allow Jacqueline Laplante to help me learn to heal myself using the natural healing techniques and modalities herein listed.

Client or Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province \_\_\_\_\_\_\_ Postal/Zip Code \_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_

Relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Client or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_