



INFORMED CONSENT

I am being evaluated by Candy Lewis Williams, ND. and have read her [credentials](#). I understand I will first undergo a comprehensive but preliminary evaluation by an experienced naturopath doctor. This evaluation will determine which The Lotus Concept's personalized Wellness Programs is suitable for me. I have completed all required consultation forms and have emailed them to drcandy@thelotusconcept.com 48 hours prior to my scheduled appointment time. I understand that although The Lotus Concept has had many extremely successful outcomes and satisfied clients, results will vary depending on a large number of factors. I acknowledge that it is my responsibility to inform The Lotus Concept of any changes in my medical condition no matter how slight and in addition, any changes in new medications and or supplementation. I agree to read all supplement labels and treatment information provided to me so I can understand my personalized program and achieve the best possible outcome.

I understand general recommendations will be made based on the initial consultation. If it is determined that I need to provide the results of or need to have additional lab test taken for a more complete evaluation or am not a candidate for a wellness program, I will be informed. I also understand it is my responsibility to keep my appointments with Candy Lewis Williams, ND. and have read the cancelation policy.

SIGNATURE _____

DATE _____