

# Whole Body Natural Wellness Center, LLC

## Informed Consent Form

I, \_\_\_\_\_, a mature adult of sound mind, come to Chanté Callis Tonia, N.D. for holistic health counseling.

I understand that although Chanté Callis Tonia, ND is a Doctor of Naturopathy, the state of New Jersey does not recognize Naturopathic Doctors as physicians; therefore, Chanté Callis Tonia cannot diagnose or treat any health condition.

I understand that the herbs, nutritional supplements, and homeopathic remedies discussed in this office are neither a treatment for my condition nor replacement for medication. I agree to inform Chanté Callis Tonia immediately if any adverse reactions develop while I am taking these substances. I understand that in all circumstances I should continue to consult with my regular physician in regard to all medical concerns that I may have.

Accordingly, I sign this Informed Consent, to express that it is my own decision without undue persuasion to see Chanté Callis Tonia, ND for naturopathic counseling. I hold no party responsible for my own actions. I hereby release Chanté Callis Tonia, ND from liability for any results that may occur to me thereafter.

In an effort to best serve clients, please give at least 24 hours notice when canceling an appointment. In the event that an appointment is cancelled with less than 24 hours' notice, a \$50 fee will be charged. Thank you for your cooperation.

Finally, I understand that Chanté Callis Tonia, ND does not accept insurance and that I am responsible for payment in full upon services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_