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## **Informed Consent Form Naturopathic Medicine**

I, \_\_\_\_\_, a mature adult of sound mind, bring my child to Dr. Garima Jain, N.D. for holistic health counseling.

I understand that although Dr. Garima Jain, N.D. is a Doctor of Naturopathy, the state of New Jersey does not recognize Naturopathic Doctors as primary care physicians, therefore Dr. Garima Jain cannot diagnose or treat any health condition.

I understand that the herbs, nutritional supplements, and homeopathic remedies are neither a treatment for any condition nor replacement for medication. I agree to inform Dr. Garima Jain immediately if any adverse reactions develop while 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 Dr. Garima Jain, N.D. for naturopathic counseling. I hold no other party responsible for my own actions. I hereby release Dr. Garima Jain, N.D. from liability for any results that may occur to me thereafter.

In an effort to best serve all, at least 24 hours notice must be given when canceling an appointment. Thank you for your cooperation.

Finally, I understand that Dr. Garima Jain, ND does not accept insurance and that I am responsible for payment in full upon services rendered.

Child's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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