

Client Statement of Consent

I am an adult and have voluntarily chosen homeopathic care for myself or my child(ren).

I have read and understand this information in this handout and understand the Homeopath Betsy Reiling is not a licensed medical doctor, or physician. I have had the opportunity to ask questions about things that I did not understand.

If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of the medical doctor trained in the use of the kinds of medication I am taking, or that of my child(ren).

I further understand that Betsy Reiling does not diagnose, treat, prevent, or prescribe for any disease, syndrome or condition. She is helping me to increase my overall energy and constitutional vitality.

If the services are for my child, I represent that I have authority to make health care decisions for my child/ward, and in my judgment it is in the child's or ward's best interest to receive homeopathic care, and that if I have any concerns or questions whatsoever about my child's health I will take my child/ward to their pediatrician in a timely manner.

I understand that everything in this Information and Consent that refers to me or the client also refers to my child or ward, as appropriate.

Signature

Date

Name (Print Please)

Name of child

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