

Dr Nadine's Informed Consent

I, _____ understand that Dr Nadine is a hands-on *Healer, Clairvoyant and Naturopath* (Natural Doctor) specializing in *Nutrition*. As such, Dr Nadine can not and will not diagnose a disease, claim to cure a disease or prescribe medications. It is my responsibility to continue any current or ongoing medical treatment, therapies, and medications until otherwise advised by my physician, psychotherapist, or medical practitioner. ____

I give my permission for Dr Nadine to look at me Clairvoyantly. I understand this is Spirit to Spirit communication and that I will not be given any information that I, as a Spiritual Being, am not ready to receive. ____

During my HEALING session, should there be cause for Dr Nadine, and her 'team' of Archangels, and Ascended Masters to help me shift Energetic blocks, I give my permission for Dr Nadine to *place her hands on my physical body*. ____

I understand this is a Holistic Energy *hands-on* HEALING session and is non-invasive. During my session, *very high Energy* will be run through my body and will focus on clearing blocks that are preventing positive changes in my health, relationships, lifestyle and/or career; restoring balance within various 'systems' within the human body; and bringing my human body back into its original blueprint. ____

While many miracles *do* happen during a HEALING session, I understand there are no guarantees and that Dr Nadine can not and will not diagnose a disease or claim to cure a disease. ____

Since I am here to SHIFT my Energy, I understand my physical body may go into a *healing crisis* after this session, so the remainder of Energy can leave the human body. This may look like, and is not limited to: needing to rest, needing more water, increased bowel movements, skin eruptions as toxins leave my body, runny nose, etc. ALL are symptoms of Energy leaving the physical body. ____

Dr Nadine embraces the empowerment model of Naturopaths by providing knowledge; making it possible for me to take greater *personal responsibility* and *ownership* of my health and overall well-being. ____

I hereby agree, to take the knowledge and information provided to me during this HEALING session, to *own it*, and *put it into action*. I understand *I have everything I need, within me, to fully Heal my own body*. ____

Dr Nadine's Informed Consent Pg 2

I understand that Dr Nadine will treat me as a *unique* and *whole* individual, rather than a set of symptoms, and that *together* we will embrace my health concerns in a *holistic* manner to co-create a *mind-body-spirit* wellness plan. ____

The wellness plan that we co-create may include the following alternative choices and treatment options: detoxification, homeopathic remedies, herbal remedies, guided visualizations, meditation, and reading and/or writing assignments. ____

While working with Dr Nadine, I will be presented with information and recommendations for possible lifestyle changes. This may encompass *Eating for my Blood Type*, reducing the use of alcohol, caffeine, and artificial sweeteners. Tobacco, recreational drugs and over the counter drugs will also be addressed. The importance of increasing exercise and reducing stress will be emphasized. I further understand that *any and all* lifestyle changes I make are my *choice*. ____

My identity and any information about me, whether I share it with Dr Nadine or she discovers it on her own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may provide Dr Nadine with permission in writing to contact my primary physician or specialist with regard to my current health concerns. ____

I understand that by shifting my Energy and making new eating and lifestyle choices along the way, will allow me to improve my *quality of life* and allow for greater self-awareness, self-discovery, internal balance and self-healing. ____

Nadine will use my email to check in on me. I also give her permission to add me to her *Magnificence Mine mailing list* so I am informed about upcoming Healing opportunities and events. She will not give my information to anyone. ____

Client Signature: _____ Date: _____

Print Full Name: _____

Email: _____ Phone: _____