



INFORMED CONSENT

I would like to take this opportunity to welcome you to the office of Marcelo Garzon HOM.DSHomMed.Bsc. This office utilizes the principles and practices of Classical Homeopathic Medicine and other supportive therapies to assist the body's own ability to heal to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. If needed your practitioner will conduct a physical exam of problem areas and in general. Blood and/or urinary laboratory reports may be used as part of the treatment work-up.

Statement of Acknowledgment

I (printed name) _____

As a patient of this office I have read the information and understand that the form of medical care is based on Homeopathic and other supportive principles. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements. The slight health risk of some Homeopathic treatment include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain or fainting.

I also confirm that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. I accept full responsibility for any fees incurred during care and treatment.

SIGNATURE

DATE

WITNESS
