

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL/NATURAL FERTILITY COUNSELLING

I, _____ am employing the Nutritional and/or Natural Fertility counselling services of Karen Featherstone, Clinical Nutritionist, and Natural Fertility NZ Educator so that I can obtain information and guidance about factors within my own control (diet, nutrition, lifestyle, and related behaviours) in order to nourish and support my health and wellness, and/or to improve my understanding of my own fertility.

I understand that Karen Featherstone does NOT dispense medical advice nor prescribe treatment. Rather, she provides education and recommendations to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviours associated with eating, lifestyle, holistic health, and natural fertility. Whilst nutritional and botanical support can be an important compliment to my medical care, I understand Nutritional and/or Natural Fertility counselling is NOT a substitute for the diagnosis, treatment, or care of disease by a medical provider.

Nutritional evaluation or testing provided in counselling is not intended as a record for the diagnosis of disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive programme for me, and to monitor my progress in achieving my goals.

By signing this form I agree to provide Karen Featherstone with a complete and accurate account of my medical history, current medical conditions and/or current medications taken.

I understand that Karen Featherstone will take client case notes as a record of our work together. These notes document the topics that we talk about, interventions used, and treatment plan or any other considerations that may be helpful to her work with me. All case history notes, medical records and personal information will be kept in a secure location and strictly confidential unless I consent to sharing my medical and nutritional information by way of a signed release.

I agree to hold Karen Featherstone harmless for claims or damages in connection with our work together. This is a contract between myself and Karen Featherstone and I understand that it is also a release of potential liability.

I understand that Karen Featherstone has a 24-hour cancellation policy, and I am aware that I will be charged a cancellation fee (\$60.00) for a missed appointment if notice is not given (by phone, text or email) at least 24-hours prior to my appointment.

Payment is required by internet banking within 7 days of receiving an invoice. Nutrition and/or Natural Fertility counselling services may be terminated at the discretion of Karen Featherstone if written notification is provided to a client five days in advance of final appointment. This will include a listing of referrals for continuity of care.

Client or Guardian's Signature

Date: _____

Print Name

"Promoting exceptional health ... One step at a time"