



Shelowann Dawson, MS ~ Clinical Herbalist ~ Certified in the Living and Raw Foods Lifestyle™ ~  
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## Wellness and Herbal Consent to Services & Disclaimer

### Informed Consent and Disclosure Form

This form is to harness communication, understanding, and clarity between you, the client, and me, the clinical herbalist. It is to reinforce my standards of practice and approach to wellness, herbal therapy and the Living and Raw Foods Lifestyle™. It is my intention that the information contained within this form will allow you to make an informed decision in having me as your practitioner, and if so how we will meet your health goals.

### The Role of the Clinical Herbalist/Living and Raw Foods Educator

As your practitioner it will always be my goal to assist you in obtaining and keeping the level of health that you desire. I will partner with you, the client, on your self healing journey for as long as you would like. It is my personal decision if I decide that the client/practitioner relationship is not beneficial for either of us anymore, and in this case, I will refer you to another practitioner. As well, if the client or I feel that my level of experience does not meet their desires, I will refer the client to someone else. Feel free to ask me about my schooling and experiences as an herbal practitioner and living and raw foods educator.

I believe that the human body is quite capable of healing on its own in time, if the client addresses spiritual, emotional, physical, and environmental factors. Food as a mechanism of healing is of utmost importance when anyone embarks upon their self healing journey; without addressing food in self healing, it is useless to attempt any other type of healing such as herbal therapy, unless the client is addressing an acute symptom such as herbal therapy for mild-moderate first aid or a sudden bladder infection for example, among other things.

It is my duty to educate the client in our partnership and allow you to educate me! Remember, I do not diagnose, prevent, cure nor treat diseases. It is highly recommended, especially if you are dealing with a clinical diagnosis, that you partner with me, as well as your primary health physician. In addition, all information we discuss as well as client records are kept confidential unless I am subpoenaed; this is something I take very seriously.

### Client Rights and Responsibilities

You may pay for your consultation or other service prior to your appointment or after your appointment is over. I accept credit cards at my place of business or over the telephone, PayPal (PayPal website or through e-mail), checks, money orders, cash, and gift certificates. Please, no post dated checks. Please give me 24 hours notice or you will be charge a flat fee of \$55 for any service appointment missed.

Herbs/or other supplements may be purchased through me, if I have what is recommended, through Tai Sophia Institute's Herb Room, or some other place you desire. It is my goal in working with clients to work on their diet as much as possible to avoid recommending supplements. It is the client's responsibility to inform me of any adverse reactions from herbs or other supplements ingested.

As the client, you have the right to great care and respect! If you do not agree with a protocol I recommend let me know! If you feel like we are not a good match, let me know! If you happen to request another practitioner you may have your information disclosed to them.

## Herbal Safety Guidelines

### *Side effects:*

The historical and modern researches have an exceptional safety record. However, adverse events can occur after using any active substance. Side effects that have occasionally been reported after using herbs include headache, skin rashes, and digestive upsets. Such effects generally resolve rapidly, especially if the dosage is reduced or the herb is stopped. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergy to specific plants. As your herbalist, I am able to propose measures to reduce any discomforts or I may refer you to another practitioner.

### *Herb-drug interactions:*

Although speculative interactions between herbs and drugs are sometimes publicized, confirmed cases are rare. Nevertheless, some prescribed drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is the responsibility of the clients to disclose fully, any medications currently in use, including other herbs or supplements they are using. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professional involved. It is also advisable to stop taking herbs at least 48-72 hours before surgical operation, and in the event of being prescribed anticoagulants, antiepileptic drugs, and digoxin until expert advice is received.

### *Toxicity*

At KeMana LLC safety is paramount, and it is my business to stay current with the literature on herbal safety. I will not expose clients to plant doses known to have toxic side effects. The organs that are most vulnerable to any potent substances are the liver and kidneys, and it will be important for the client to divulge any previous history of disease in either of these organs. Herbs also should not be used in pregnancy or lactation without expert advice, and clients who become pregnant should stop taking herbs until advice is received.

I, \_\_\_\_\_, have read this document and I understand the nature and extent of the client-practitioner relationship. I hereby voluntarily consent to an herbal consultation. I understand that I am free to discontinue service at any time. I understand that Shelowann Dawson is not a licensed physician and therefore cannot diagnose or treat disease, or prescribe drugs. I understand that an herbal consultation is not a substitute for regular medical care. If I have not already done so, I agree to consult a doctor for any serious or life-threatening disease condition, either for myself or someone under my guardianship. I am aware that I have not received any guarantee of outcomes or success that I will receive from services provided by Shelowann Dawson.

Print Name: \_\_\_\_\_

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

Parent/or Guardian Print Name: \_\_\_\_\_

Parent/or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Print Name: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_