



Karen Wentlandt, EWPH

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DISCLOSURE/INFORMED CONSENT FORM I hereby attest to the following:

1. I fully understand that Karen Wentlandt is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures.
2. The services performed by Karen Wentlandt, whether in person or by mail or phone, are at all times restricted to consultation on the subject of wellness and health assessment. These services are solely intended to provide me with resources to use to promote my own health and well-being. Her services do not involve diagnosing, treatment, or prescription of remedies for the treatment of disease.
3. I fully understand that it is my constitutional right to decide how I wish to care for my health. Karen Wentlandt has not suggested that I cease current medical care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, or any other medical procedures that my medical doctor or any other health practitioner deems necessary for my health. If I choose not to follow the recommendations made by my medical doctor or other practitioners, I understand that such a decision is my responsibility and will not hold any other persons responsible for any consequences of such a decision.
4. I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for federal, state or local government agencies on a mission of entrapment or investigation.
5. I understand that while my personal information may be shared with Karen's mentor, my identity will be kept strictly confidential at all times.

Client Signature _____ Date _____