Client Agreement and Consent Form:

Practitioner:
Date:
Client Initials:
Age:
Occupation:

Are you allergic or addicted to alcohol? _____Yes   _____No

Are you allergic or sensitive to:
Apple cider vinegar?
Brandy?
Vegetable glycerin?

Are you taking pharmaceutical drugs, which prohibit you from taking one or more of these substances?

Please read and then sign:
I understand I am participating as a client for a practice session, and that I am not being charged for this session. The student- practitioner will share their flower essence recommendations for me, after the session. The student will provide me with dosage instructions at this time. The student is under no obligation to provide the essence blend recommended. I understand I am under no obligation to take the essence blend.
The student will hand their write up of the interview into an instructor at Northern Star College for evaluation. The interview and comments will then be given back to the student for their files.

The student has explained what flower essences are and what I can expect from a session. I understand flower essence remedies do not replace conventional medical or mental health care. I will advise my health care practitioners that I wish to take the remedy, and ensure that it is safe for me to do so.

I understand the student is practicing, and I will let s/he know if anything they are doing is making me uncomfortable. I release Northern Star College, its employees and students from any kind of claim resulting from the interview, or the effects of the essence.

I understand that my name or address will not be used, (only my initials), and that my privacy is protected in this manner.

Client Signature_____   Date:_____
Initials Only
(IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE INTERVIEW PLEASE CALL 433-7882 (10-5 TUESDAY- FRIDAY).
If you have questions about the session, what to expect with flower essences, process, or results, **please call your student practitioner.**