

## **Infinity Wellness Consultants**

### **"Informed Consent and Acceptance of Responsibility"**

I, \_\_\_\_\_, of \_\_\_\_\_ request and give consent to Infinity Wellness Consultants (IWC) to perform health consulting ("coaching") for myself, or the client named below for whom I am legally responsible. The consultation consists of a biological interpretation of the Individual Health Questionnaire, blood chemistry analysis, urinalysis, saliva analysis and any other functional or medical, dental or laboratory tests deemed necessary. Based on the Institute of Health Realities wellness and other established Functional and regenerative wellness models both locally and international, I understand that I will be given recommendations by one or more of the IWC trained consulting staff.

I understand that, although the IW consultants are trained consultants, during IWC consulting they do not practice medicine, diagnose or treat. The information I receive is not intended to be a substitute for a consultation with my personal physician or medical doctor. I may choose to consult with my physician or doctor regarding the applicability of IWC options or recommendations with respect to any symptoms and/or medical conditions I have or treatment I am currently receiving. I am informed and understand that if I am examined, I do so consent. I do not hold IWC doctor, examiner or consultant liable for information gathered or not gathered regarding my health status. I have discussed or had the opportunity to discuss with the IWC staff the nature and purpose of health consulting I understand that, as with all health care recommendations, the results are not guaranteed.

I am informed and understand that nutritional, dietary and lifestyle recommendations may involve certain risks. These may include, but are not limited to, detoxification symptoms (e.g. initially feeling worse due to the release of toxins), digestive symptoms, fatigue, headaches, muscle and joint pain, apparent allergic reactions to supplements, etc (These are statistical possibilities, not probable results). If these issues arise, I will call IWC. In the case of a medical emergency, I will immediately contact my physician/doctor or emergency room.

Infinity Wellness Consultants is not responsible for risks associated with blood draws and/or other lab procedures

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about this consent and by signing below, I agree to these conditions. I intend this consent to cover the entire course of consulting, including follow up questions, now and in the future. I am responsible for all fees and agree that they are payable in full prior to the service performed

I Understand that,

- Some of the diagnostic test, treatment and products administered and recommended by practitioners at Infinity Wellness Consultants, may be outside the perimeters of conventional medicine in Australia

- These tests, treatments and products fall into a category but not limited to Natural, Complementary, Functional, or Bio-Identical Hormone supplementation (Restoration) medicine

- These diagnostic tests, treatments and products are supported by empirical knowledge and in many cases by research data

- That these tests, treatments and products are safe, are widely and successfully used by Integrative, Functional, Natural trained healthcare practitioners in centres both in Australia and overseas, and are only prescribed with the utmost care

- Some diagnostic test and treatments offered at Infinity Wellness Consultants are not covered by Medicare or private health funds.

- All Infinity Wellness Consultants practitioners are members and active participants of their respective professional colleges

-I understand that Infinity Wellness Consultants practitioners may recommend and dispense items that are yet to be regulated by the Therapeutic Goods Administration (TGA), should the practitioner deem that such products or treatments are in my best interest. If there are any risks associated with using unregulated products or treatments, the Infinity Wellness Consultants practitioner(s) will make me fully aware of those risks and provide me with sufficient information to make an informed decision.

I am attending Infinity Wellness Consultants of my own free will and consent and exercise my right to discuss and choose any useful and suitable treatment(s) made available to me.

All areas must be completed by client and/or client's representative

\_\_\_\_\_  
Print name of client

\_\_\_\_\_  
Print name of clients representative

\_\_\_\_\_  
Relationship or authority

\_\_\_\_\_  
Signature of client and/or representative

\_\_\_\_\_  
Date signed

Witness: \_\_\_\_\_

Witness Name: \_\_\_\_\_

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