

## Informed Consent to Naturopathic Consultation

I, \_\_\_\_\_, consent to receive wellness consultation services from Aurora Therapeutics, Inc.

I understand that although Katherine Clements, N.D., L.M.T. holds a doctorate in naturopathic medicine from Bastyr University in Seattle, Washington and is a licensed naturopathic physician in the State of Oregon, the State of Florida does not recognize naturopathy as a form of medicine nor is Dr. Clements licensed as a physician in the State of Florida.

I understand that the consulting services provided are not meant to be used in the place of allopathic medical care. I agree that it is in my best interest, and my sole responsibility to retain an allopathic primary care practitioner (M.D.) to assess my health care needs and provide appropriate treatment. Aurora Therapeutics, Inc. provides expert knowledge in natural wellness. We do not diagnose illness or proclaim to treat, prevent, or cure illness.

I understand services provided at Aurora Therapeutics, Inc. may include education in special diets or dietary changes, vitamin recommendations, herbal or homeopathic remedies, lifestyle changes, hydrotherapy (applications of hot and/or cold water), thermal therapy (applications of hot and/or cold), massage therapy, craniosacral, and other forms of therapeutic bodywork. These treatments are generally considered safe, but may have side effects. The risks and benefits of each recommendation will be discussed prior to implementation.

I agree to inform my practitioner immediately if:

- I am pregnant, as many modalities are contraindicated during pregnancy
- if I experience any side effects
- if I have any major changes in my health or prescriptive medications

My signature below confirms that I have read, or have had read to me, this consent to wellness consultation; understand the nature of and purpose of such consultation, understand the risks and benefits of recommended modalities, and have had an opportunity to ask questions.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date