

Sean McCann, Classical Chinese Herbalist

Consent Form

Risks/Possible Side Effects

The historical record and modern research indicate that the herbs most often used for healthcare have an exceptional safety record. However, adverse reactions can occur using any active substance. Side effects that have occasionally been reported include headache, rash, and digestive upset. Such effects are generally easily resolved and should be immediately reported to your herbalist in order to quickly negate the effects.

Herb-Drug Interactions

Confirmed cases of herb-drug interactions are rare, despite widely publicized speculative interaction reports. It is the responsibility of the client to fully disclose any and all medications, supplements, and drugs they are using in order to be offered informed advice. Clients are further responsible for informing their physician of any herbs or supplements they are using. It is advisable to stop taking herbs at least 48 hours prior to any surgical procedure.

Toxicity

Client safety is paramount, and it is the herbalist's business to stay up to date with the literature on herbal safety. The organs most vulnerable to any active substance are the liver and kidneys, and clients are expected to divulge any previous history of disease, especially of these organs. Herbs should not be used in pregnancy or lactation without expert advice, and any client who becomes pregnant should discontinue herbs until advice is received.

No Guarantee

I know that each person is unique and has ultimate responsibility for his/her own healthcare. I acknowledge that I have not received any guarantees or promises as to the results or success that will be obtained from the services provided.

Client Responsibilities

I understand that it is my responsibility as a client to inform my herbalist about all aspects of my health and that, as service progresses, to inform my practitioner of changes that occur. If I experience any pain, discomfort, or possible side effects, it is my responsibility to immediately notify my herbalist.

Medical Treatment

I recognize that my herbalist is not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. I am free to consult with a medical doctor or any other licensed practitioner at any time.

License or Certification

I recognize that the State of California does not license herbal practitioners and that any statement of credentials is for information purposes only.

Fees

I have been informed of the fees for services, and I understand that payment is due at the time services are rendered.

Prior Treatment

If this consent form is to cover services rendered prior to the signing of this document, initial here_____.

Printed: _____ Signed: _____ Date: _____