

CONSENT TO TREAT

I, _____, hereby retain Elisabeth Curry Martinez (hereinafter referred to as Lizzie Martinez) as a homeopathic consultant. I understand that she does not seek to diagnose, treat, or prescribe for illness, injury, disease, disorder, or other pathological conditions. Instead, she seeks to stimulate my own defense system with the use of homeopathic remedies so that I can better deal with the wide variety of stresses I experience. In exploring this homeopathic practice, I am interested in monitoring my confrontation with stress and in stimulating my own healing abilities to move through crisis naturally.

I have had ample opportunity to discuss the relationship between the treatment of pathology and the employment of the homeopathic approach as practiced by Lizzie Martinez. I agree to consult a physician for any concern about pathology which may arise during the term of this agreement, and to inform Lizzie Martinez of such consultation and its results.

In choosing this approach, I realize that some of my symptoms of discomfort may get worse before they get better, and I could elect to minimize or eliminate uncomfortable symptoms by obtaining treatment according to accepted standards of medical practice from a physician.

In order to maximize the benefit which I might receive from this work, I agree to:

- Provide a complete summary of medical and non-medical health care services which I have sought or am considering;
- Avoid/Reduce coffee, camphorated products, extremely strong smells, and acupuncture which may neutralize homeopathic remedies;
- Keep a written summary of mental, emotional, and physical manifestations, noting any subtle changes observed;
- Directly inform Lizzie Martinez of the results from the homeopathic remedy within 30 days of the last visit;
- Notify Lizzie Martinez in writing of my desire to terminate this agreement within 90 days of my last visit.

Consultant, Lizzie Martinez, agrees to elicit a history of indications relevant to my constitutional disposition, advise me accordingly, and provide me with an opportunity to undertake a homeopathic remedy according to the principles of the empirical science of homeopathy.

This agreement shall remain in effect, unless terminated in writing by either party to the other.

I agree to compensate Lizzie Martinez for the services rendered based upon the written schedule of fees, which I have reviewed and understand.

Signature of Client/Guardian _____ Date _____

Printed Name of Client _____