

## **General Consent Form**

I, \_\_\_\_\_  
(patient's name)

of \_\_\_\_\_  
(patient's address)

understand that:

- Some of the diagnostic tests, treatments and products administered by practitioners at Ibuki Health & Wellness may be outside the parameters of conventional medicine in Australia.
- These tests, treatments and products fall into the category of Natural or Complementary 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 Medical practitioners in centres in Australia and overseas, and are only prescribed with utmost care.
- Some diagnostic tests and treatments offered at Ibuki Health & Wellness are not covered by Medicare or private health insurance funds.
- All Ibuki Health & Wellness practitioners are members and active participants of their respective professional colleges.
- I understand that Ibuki Health & Wellness 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 Ibuki Health & Wellness practitioner(s) will make me fully aware of those risks and provide me with sufficient information to make an informed decision.

I am attending Ibuki Health & Wellness 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.

Signed:

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

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

Date:     /     /