



**Sheila M. Devitt
Certified Herbalist**

Informed Consent

I understand that Sheila M. Devitt, the practitioner, is a Certified Herbalist with experience in various herbal medicine traditions. I understand that she is a graduate of the East West School of Planetary Herbal Medicine, and a member of the American Herbalists Guild. I understand that my personal information will be kept confidential.

The herbs that may be recommended are traditionally considered safe in the practice of Western Herbalism and Chinese Medicine. I understand that the herbs need to be prepared and consumed according to the instructions provided orally and in writing. Should I experience any unanticipated effect I will immediately notify the practitioner.

I will keep the practitioner informed of my current medications and understand that I am responsible for obtaining appropriate primary medical care, which is not provided by this herbalist. I understand that it is within a physician's (MD) scope of practice to diagnose and treat disease, and to prescribe medications; and it is within the herbalist's scope of practice to recommend herbs, dietary, and lifestyle recommendations to help the body-mind to achieve optimal physical and emotional wellbeing.

I understand that some herbs are contraindicated during pregnancy. I will notify the practitioner if I am or intend to become pregnant.

I understand that I may refuse or stop treatment at any time.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from this practitioner.

Signature

Date

Printed Name