



GENERAL CONSENT FORM

I (client's name), _____

Of (address) _____

Date ____/____/____

Understand that:

- Certain diagnostic tests, treatments and products administered by practitioners at *Ibuki Health & Wellness* may be outside the parameters of conventional medicine in Australia. These fall under the category of Natural, Complementary or Integrative Medicine. Such practices are supported by empirical knowledge and in many cases research data. They are safe, widely and successfully used by Medical practitioners in centres in Australia and overseas. They 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.
- *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 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.

Client Sign _____ Witness Sign _____

Print Name _____ Witness Print _____