

The Center

Jennifer Orlowski, ND
1 Hoffman Street, Suite B
Auburn, NY 13021
(315)-704.0319
www.thecenter4wellness.com

INFORMED CONSENT

I, _____, a mature adult of sound mind, and parent or guardian of _____ came to The Center for a consultation of my own will.

I understand that although Jennifer Orlowski, ND is a licensed Naturopathic Doctor in Vermont State, the state of New York does not recognize Naturopathic Doctors as primary care physicians. Therefore, Jennifer Orlowski cannot diagnose, treat, operate, or prescribe for my child's health condition. Jennifer Orlowski obtained a degree of Doctor of Naturopathic Medicine from Southwest College of Naturopathic Medicine in the state of Arizona, which is a four-year doctorate program recognized by the United States Department of Education.

I understand that the herbs, nutritional supplement, and homeopathic remedies are not a treatment for my child's condition-rather a natural substance to support their body systems and prevent disease. I agree to inform Jennifer Orlowski immediately if any adverse reactions develop while my child is taking these substances. I understand that naturopathic care requires my active participation in my child's health through diet and lifestyle modification.

I understand that in all circumstances I should continue to consult with my child's Medical Doctor (MD) in regard to all medical concerns that I may have. I understand that Jennifer Orlowski cannot and will not advise the discontinuation of any pharmaceutical medications prescribed by a physician and that discontinuation of such medicines must be directed by the prescribing physician.

I consent in signing this document to contact Jennifer Orlowski if I determine her services are no longer needed for my child. I will contact her office by phone stating that I will cease visits to her office, even if temporary, and stop using the supplements she has suggested for my child.

If I am from a regulatory organization, I have identified myself as required by law

Client Name: _____

Signature of Parent/ guardian: _____

Name of Guardian: _____ Relationship to client: _____

Date: _____