



Well Being
HOLISTIC

Consent for Integrative Therapies and Purchase of Products at Well Being Holistic

I, _____ Client name

Of (Clients Address and Phone Number)

Understand that:

- Some of the diagnostic tests, treatments and products administered by practitioners at Well Being Holistic may be outside the parameters of conventional medicine in Australia.
- These tests, treatments and products fall into the categories of Natural, Emerging, Complementary, Alternative and Integrative 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.
- All diagnostic tests* and treatments** offered at Well Being Holistic are not covered by Medicare, or Private Health Insurance Funds
- All Well Being Holistic practitioners are members and active participants of their respective professional colleges.
- I understand that Well Being Holistic 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 Well Being Holistic Practitioner(s) will make me fully aware of those risks and provide me with sufficient information to make an informed decision.

- I understand that some of the products sold through Well Being Holistic are sold under Network Marketing Business Models (NMBM) and that participation in such models will have no bearing on any past, present or future relationships I may have with any of the health professionals at Well Being Holistic who also work in other medical facilities. In particular, if I am a Wingham Wellbeing patient, then I can continue to access Wingham Wellbeing services without hindrance should I choose to participate in a NMBM through Well Being Holistic.

- I understand that if I choose to purchase products through a NMBM then I am under no obligation to continue to purchase products through any monthly programs, but that I will be encouraged to do so, but may exercise my right of choice at any time.

- Well Being Holistic Products currently include:

- a. doTERRA essential Oils (retail or join NMBM to buy at wholesale prices)
- b. Pruvit Pure Therapeutic Ketones (retail or join NMBM to buy at wholesale prices)
- c. Hardys Nutritionals (retail or purchase directly online with discount code 25% off - code is "DrDraper")
- d. iMRS and Omnium PEMF systems (available for rental or purchase at retail - NMBM but no encouragement for ongoing purchase as these are durable machines with no consumables)
- e. HEALY devices (available for rental or purchase at retail - NMBM but no encouragement for ongoing purchase as these are durable machines with no consumables)
- f. KANGEN water - 30 day water trials available soon - express your interest!

**current medical Wingham Wellbeing patients may request G6PD blood test under Medicare to enable participation in IVN or anyone may request this test from their own GP*

***coming soon - visiting Traditional Chinese Medicine and Acupuncturist will have Health Fund rebates available.*

I am attending or interacting with Well Being Holistic of my own free will and consent, and exercise my right to discuss and choose any useful and suitable treatment(s) and products made available to me. I am NOT entering into any therapeutic partnership with Well Being Holistic and undertake to do my own research and make my own personal choices. I also agree to the terms in the Website [Disclaimer](#) and that Well Being Holistic may keep access to dates and numbers of my completed [MSQ](#)'s and products/services/therapies utilised for the purpose of research, but that such data will be de-identified and kept in accordance with the Privacy Laws.

Signed by Client:_____Witness:_____

Printed Client Name:_____Witness Name:_____

Date: / / 20

