



ASSOCIATION DES
NATUROPATHES
PROFESSIONNELS
DU QUEBEC

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STRICTLY RESERVED FOR DULY REGISTERED MEMBERS

CLIENT'S LIABILITIES

- CLIENT: My decision is solely bound by my individual liability.
- CLIENT: I recognize that the Naturopath is entitled to use medical or neophyte terms for an honest interview upon which treatment will be based. In addition, I am informed of the illegality to require from my Naturopath, any prescription or act, strictly reserved to physicians or pharmacists, and only my treating physician is entitled to reduce or increase my medication.
- CLIENT: I am hereby presenting myself under my true identity for the sole purpose of natural care.
- CLIENT: I commit myself not to pretend to be ill in order to catch out the Naturopath or to urge him to go beyond his specialty to indict him.
- CLIENT: I commit myself to carefully listen to the explanations pertaining to the proposed type of therapy and therefore I willingly agree to apply any recommended advices.
- CLIENT: I also recognize that I am fully free to seek any other relevant advice, should I wish to.
- CLIENT: I believe that my therapist is dedicated in my well-being and will do all in his power to improve my condition.

CONSENT

CLIENT: Based on the aforementioned declarations, I duly authorize the therapist to initiate the consulting process.

Signe at _____ Date _____

Name _____ Signature _____

BLOCK LETTERS

CLIENT

Signature (if less than 14 years old) _____

PARENT / LEGAL GUARDIAN

Signature _____

NATUROPATH