

BIOENERGETIC HEALTH™, LLC
3845 1st St Dr NW, Hickory, NC 28601
828-855-2994

INFORMED CONSENT

I, the undersigned patient, hereby authorize Julie Moose, CAM, CBP at BioEnergetic Health™, LLC to administer such treatment as is necessary and to perform services and or procedures as are considered necessary on the basis of findings during the course of said treatment.

I hereby certify that I have read and fully understand the above AUTHORIZATION TO TREAT, the reasons why the treatment is necessary, its advantages and possible complications, if any, as well as possible alternative mode of treatment which were explained to me.

I understand that my treatment at BioEnergetic Health™, LLC utilizes the principles and practices of Energetic Medicine and that Julie Moose is not a medical doctor nor does she medically treat disease but rather educates and administers the therapies she is trained in to assist the body's own ability to heal.

I understand that the therapies and information provided by Julie Moose, CAM, CBP at BioEnergetic Health™, LLC are not to replace the care provided by a medical doctor.

I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Patient Signature _____ Date: _____

Guardian Signature _____ Date: _____

Witness Signature _____ Date: _____