

Waiver and Consent Form

In consideration of receiving services from _____ I acknowledge that:

- 1) I have been informed that _____ is not licensed to practice medicine in this state.
- 2) She/He has stated that she/he cannot diagnose, or prescribe for, any condition that I may have.
- 3) She/He has encouraged me to consult a licensed medical practitioner for any physical, or mental complaints that I may have.
- 4) My signature below also signifies my consent for therapy from

_____.

Signature: _____

Date: _____