



Dr. Sarah Duhon BSN, ND
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CONSENT FOR TREATMENT

Welcome to Illuminate Natural Health. We look forward to serving you in your journey to wellness. Dr. Duhon understands that reaching and maintaining a health goal is a multi-level process that requires a lot of work for both the patient and practitioner to uncover the underlying cause of symptoms in order to restore health. During your visit with Dr. Duhon, we will review your health history extensively, lifestyle, diet and biochemistry.

Naturopathic doctors are not licensed in the state of Louisiana, thus Dr. Duhon hold licensure in the state of Kansas. Therefore, Dr. Duhon focuses her business on health coaching, wellness and treating the whole person. She does not practice medicine, which includes diagnosing or treating specific diseases or medical conditions in the state of Louisiana. Any treatment recommendations are based on an impression of your condition and not a diagnosis. Previous diagnoses from your primary care provider, surgeon, or specialty physician will be taken into consideration. _____

Dr. Duhon's services are not meant to substitute or replace those of a licensed physician and clients seeking her consultation are advised to be under the care of a licensed physician. You should always consult with your licensed healthcare provider before beginning a new routine, including supplementation. Dr. Duhon does not maintain malpractice coverage in Louisiana due to the fact that Louisiana does not recognize naturopathic licensure. _____

I understand the Dr. Sarah Duhon uses her education and experiences to make suggestions and recommendations. I hereby request out of my own consent to meet and consult with Dr. Duhon. I take full responsibility for taking and natural remedy that may be recommended. I do not hold the naturopathic doctor responsible or liable for any adverse effects or complications from the natural remedies I choose to consume. If I feel any adverse effects, I agree to cease taking the remedy immediately. I also understand that there are no guarantees that these suggestions or remedies will benefit me as a unique individual. No guarantees have been given to me by Dr. Duhon regarding cure or improvement of my condition.

I have been given the opportunity to ask questions about this consent, and by signing below, I agree to the terms above regarding my consent with Dr. Sarah Duhon. This consult form shall be in effect during the entire duration of consultations between Dr. Sarah Duhon and myself.

Name Signature Patient/Gaurdian/Personal Representative's

Name (PRINT) & Date Patient/Gardian/Personal Representative's

Therapeutic Approaches: Due to the diversity of modalities offered by Sarah Duhon N.D., your treatment may include any or all of the following general modalities: Naturopathic Medicine, Homeopathy, lifestyle & Nutritional Counseling, Botanical medicine, hydrotherapy, craniosacral therapy. Clinicians may perform any of the following procedures as necessary to address your health concerns.

Linaments, Oils, Plasters: Herbal formulas applied topically to the skin.

Herbs/Natural Medicines: (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical crèmes, pastes, plasters washes; suppositories or other forms. Homeopathic remedies: often highly diluted quantities of naturally occurring substance, may also be used.

Dietary Advice and Therapeutic Nutrition: (use of foods, diet plans or nutritional supplements for treatment).

Potential Risks: These include, but are not limited to: allergic reactions/ skin reactions to prescribed herbs or supplements; and aggravation of pre-existing symptoms.

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment

Potential Benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or it's progression.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these treatments at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Sarah Duhon N.D., or any of it's personnel regarding sure or improvement of my condition. I understand that it is my responsibility to inform the health care provider of all medications and medical history. I hereby release Sarah Duhon N.D. from any and all liability, which may occur in connection with the above-mentioned therapeutic approaches, except for failure to preform the procedures with appropriate medical care. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient/Gaurdian/Personal Representative's

Print Name / Signature / Date