



## INFORMED CONSENT

I was informed, and I give my informed consent to the following:

I am not a patient but a client

There will be given no diagnoses, no therapy and no treatments in the medical sense  
There isn't applied a healing method in the sense of the common law

I know that the practitioner has no medical knowledge and abilities  
The impression that the session would be medical treatment is not given

The session cannot replace a medical treatment. The coach has made clear, that this method complements the regular medicine but does not replace it

Therefore, there is no need to interrupt, postpone, delay or finish ongoing medical treatment

I fully agree with this informed consent and I take my own responsibility for that  
There are no promises given in regard to healing

It is exclusively my responsibility to continue with this treatment or to stop it

I am conscious about the fact, that in the early phase after treatment there might occur a first worsening

## PERSONAL DATA CLIENT

name: \_\_\_\_\_

surname: \_\_\_\_\_

street - number: \_\_\_\_\_

zip and city: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Tel.: \_\_\_\_\_

Birth-date; Birth-time; city: \_\_\_\_\_

City / Signature: \_\_\_\_\_