Consent Form

I request that Sarah LoBisco, ND offers education and suggestions in optimizing my diet, nutritional supplements, and lifestyle changes for the purpose of reducing stress and enhancing my life using Young Living Essential Oils products. It is my responsibility to discuss any changes with my health care provider and disclose any information to both my health care provider and Dr. LoBisco regarding any allergies, medications, or sensitivities that may interfere with my current healthcare and/or the use of such supplements, essential oils, and lifestyle changes. I take full responsibility for implementing any changes in my healthcare regime and release Dr. LoBisco from any liability.

Disclosure Form

I understand that Dr. Sarah LoBisco has a degree in naturopathic medicine from the University of Bridgeport, College of Naturopathic Medicine, a federally accredited school in CT. I understand that New York does not currently regulate or license Naturopathic Medicine, but Dr. LoBisco holds a license in the State of Vermont.

I understand that by consulting with Dr. LoBisco, no health record may be generated, and that all information shared will be kept confidential and not be released to others without written consent, unless required by law.

Disclaimer

I understand that this relationship does not constitute a therapeutic relationship with Dr. LoBisco nor establishes a client-practitioner connection. Consults are based on a one-time interaction related to the wellness goals and information I provide. I acknowledge I have reviewed the safety and proper usage of essential oils guidelines not limited to Young Living and those provided on Dr. LoBisco's website. It is my responsibility to use essential oils and supplements as directed.

This consultation is not intended as diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care in the State of New York. I realize that I am a willing participant responsible for my health care and acknowledge that Dr. LoBisco, ND is serving as consultant for an agreed one-time fee. This consent form is binding, should I decide to continue consulting with Dr. LoBisco.

Date: _____ Signed: _____