

## Consent to "The Power of the Flowers" Flower Essence Consultations

Heather M. Lindsay BFRP & MAc.  
Bach Flower Essences  
Integrated Energy Therapy® Master Instructor  
Master's of Acupuncture



I have read and understand this form in its entirety and acknowledge that the intentions, technique, limitations, and benefits of this service to be performed have been explained to me. I have the opportunity to ask my flower essence practitioner, Heather M. Lindsay (here out known as "practitioner"), questions regarding the service to be performed, this consent form, and other pertinent information. I have received satisfactory explanations. I understand I am free to discontinue service at any time. I understand I may receive Natures Of Light promotions occasionally, but all contact information will remain private and exclusive to the use only by this business.

I, \_\_\_\_\_ (printed client name), hereby voluntarily consent to flower essence consultations provided by Heather M. Lindsay:

Printed client's name & guardian's (if client is under the age of 18):

Address:

Email Address:

Date of birth:

Home number:

Cell number:

Work number:

Referred by:

Chief complaint(s):

Signature of Client/Guardian:

Date:

Please read the following pages of this consent, fill out / sign, and return before service is provided.)

### **Service Provided**

I understand that flower essences serve an individual by helping them to grow in areas of their life's moods they may feel stuck in. Each remedy is directed at a particular characteristic or emotional trait(s) you feel you have. Your practitioner will discuss with you what you want your goals for your growth to be and the way you are feeling presently in life. You will then receive an individualized flower essence remedy to help you grow in the areas you seek to find relief in.

Flower essence consultations and remedies do not replace the expertise of a psychiatric professional and / or treatment. I understand flower essence consultations and / or remedies will not be used as a replacement for needed psychiatric help for emotional distresses / circumstances and my practitioner does not claim to have expertise in the psychiatric realm of medicine and advise.

### **Side Effects**

The most wonderful benefit of flower essences is there are no side effects! They are completely safe, non - habit forming, and an all natural way to help you recover your health! They are so safe flower essences are used with infants and children. Because you are not ingesting the flower directly (rather the energy of the flower distilled by the sun in processing the flower essences) there are no side effects.

What you should know is that the mother tincture of each flower is often preserved in alcohol to maintain the energy of each flower. When you receive your individualized flower essence remedy there will be a trace amount of alcohol in it since each essence used to make your flower remedy came from the mother tincture bottle containing a percentage of preserving alcohol. It is a very small amount since your remedy will be mixed with Spring Water with no additional alcohol added.

### **No Guarantees:**

Each client is unique and has ultimate responsibility for her or his own healthcare and choices made in their lives. I acknowledge that I have not received any guarantees or promises as to the results or success that will be obtained from the flower essence consultation & remedy provided. I am solely responsible for myself and my healing. Thank you for understanding that since each remedy is made especially for you and works specifically to your energetics there are no returns on flower essence remedies.

### **Medical Treatment:**

I recognize that my practitioner is not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. I understand that if I am currently under a physician's care, or will be in the future while a client, that I will continue my medical care as long as my physician deems necessary. It is my responsibility to consult with my physician before altering my medications or medical treatments. If the practitioner has reason for concern, I understand that she may request a physician and / or therapist attention (and written proof of this attention) before continuing any flower essence consultation and may ultimately deem it necessary to discontinue consultation as your flower essence practitioner if she feels there is a need to for my greatest concern for my health and wellbeing. I am free to consult a medical doctor or any other licensed practitioner at any time. I understand that if there is an emergency, worsening of my health condition, or if a new ailment or condition arises that I should consult a licensed physician. I hereby acknowledge receiving flower essence consultations and / or remedies is not a replacement for Western Medicine.

**Online / Phone Clients:**

Please fill out and return this consent in full before your first session. You may email this completed and signed form as a PDF file to Wellness@NaturesOfLight.com or post mail it to 421 Seaview Avenue Daytona Beach, Florida 32118. Please allow 5 - 7 business days for your Flower Remedy to arrive after your consultation.

**Fees and Charges:**

I have been informed that the fees for service are \$75.00 for a session that last up to 60 minutes (this includes your individualized flower essence remedy). . Mini consults are available after your initial appointment and are for briefer discussions of up to 30 minutes for \$45.00.

Integrated Energy Therapy® clients who chose to have a mini flower essence consult added onto their treatment will be charged an additional \$25.00 fee to their IET® session.

I understand that payment by cash, check (made out to Heather M. Lindsay), or credit card is due when the service is provided (credit only for consults conducted via phone or internet). If my flower essence remedy needs to be mailed to me a \$7.00 flat rate shipping fee will be applied to my consultation. An additional mailing fee may be necessary for international clients.

A returned check fee of \$35.00 is required if this event occurs.

Please give a 24 hour notice for canceled appointments. Less than a 24 hour notice will result in a \$40.00 fee. Missed appointments will result in the full fee of the consultation being charged. I understand this policy is due to my practitioner having reserved my appointment time for me and its difficulty in being filled by another client with little or no notice.

Initials: \_\_\_\_\_

\* Heather M. Lindsay reserves the right to change these terms of agreement at anytime.

Thank you!