

Client Disclaimer and Information Date: _____

I understand that Tish Bowen is a Certified Natural Health Practitioner and Biblical Health Coach. I understand that she is NOT a MEDICAL DOCTOR, DOES NOT PRACTICE MEDICINE, DOES NOT DIAGNOSE OR TREAT FOR A SPECIFIC ILLNESS and DOES NOT PRESCRIBE MEDICINE, ADJUST MEDICATION OR RECOMMEND MEDICATIONS.

I understand that Tish Bowen and all services provided at 120 Wellness are not a substitute for medical care. I understand that If I am experiencing a specific medical problem, that I need to see a medical doctor. I understand that Tish Bowen and 120 Wellness services consist of specialized techniques which use the body's muscles as a biofeedback system in order to balance body systems and bilateral energy fields. This may include physical balancing as well as mental, emotional and spiritual.

By signing this form, I give Tish Bowen and 120 Wellness permission to muscle test me, touch test points or areas on my body, manipulate various muscles in my body, and or use other healing techniques as she sees fit. I understand that all Healing Modalities and healing equipment used are to strictly balance the body's energy field, and not intended to treat illness or disease.

All Information discussed is confidential. I am signing this form stating that I willingly chose to see Tish Bowen as my Practitioner and 120 Wellness and all Healing Modalities and equipment at my own risk. I have been informed of any possible side effects and dangers. I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the Doctor who recommended it. I understand that if I am taking medication and choose to take any supplements that I must consult with my Pharmacist and Medical Doctor about any interactions between supplements and medications. I fully understand that Tish Bowen is a not medical doctor, medical practitioner, pharmacist, licensed nutritionist or licensed naturopath.

I understand that any supplemental recommendations discussed are intended for educational purposes only. I understand that all sessions or treatments with Tish Bowen are not intended to be a substitute for a licensed physician's care. Nothing said, done, typed, printed or reproduced by Tish Bowen or 120 Wellness is intended to diagnose, prescribe, treat or take the place of a licensed physician. I am signing this form with the knowledge that I take full responsibility for my own health decisions and choices. I am stating that Tish Bowen and 120 Wellness are not liable for my health, body, or medications.

By signing this form I declare that I am not on this visit or any subsequent visits or sessions acting as an agent for the federal, state, county, local law enforcement agencies or news media on a mission of entrapment or investigation. I have read and understand the above and voluntarily sign.

Signature: _____ Printed Name: _____
Email: _____ Phone: _____