



Patient Informed Consent

Name of Patient : _____

(or legal guardian if patient is under 18 years)

Name of Practitioner : _____

Date : _____

You are about to receive NES Health Therapy for your health issues. The therapy, information and advice which you will be given pertains solely to you and will be based upon information revealed by yourself.

All data will be treated confidentially and stored according to the data protection act. Details of your case will not be revealed without your written permission to do so.

Should you wish to terminate the consultation at any time you are at liberty to do so.

NES Health does not claim to cure, prevent, treat or diagnose any medical condition. NES Health and its claims have not been evaluated by any government agency or regulatory organization. Should you be concerned about a medical condition you seek advice from a qualified medical professional.

Signed : _____

(state if signature is parent or guardian)

Date : _____