

DISCLAIMER, INFORMED CONSENT, TERMS & CONDITIONS

Welcome! I look forward to helping you meet your health goals, even *reversing* chronic disease(s)!

DISCLAIMER

You need to understand that **telephone/telehealth consults and/or taking a Course in Disease Reversal are NOT substitutes for seeing a physician in person and having regular physical exams.** Evaluating a patient in person using the appropriate exams and the indicated laboratory and/or diagnostic testing is the **best** way to properly diagnose and treat a person.

This cannot be done via the phone or through a Zoom call.

Since I will be unable to provide the physical exams and order the labs you may need, we'll have to establish a modified relationship over the phone.

Your responsibilities:

1. Provide me with the **diagnoses** your other health care providers have made concerning you
2. Provide me with **lab results** and any **diagnostic imaging** you may have already had
3. Utilize the team you already have in place. Keep visiting your current doctor for annual exams and preventive screenings to keep you as healthy as possible going forward.
4. Take my recommendations to your physician; keep them involved as part of your team.
5. Request additional testing/imaging to better determine your best care (Sometimes, I may have reason to question a diagnosis, for example, and need your doctor's help to acquire the necessary information).

To be clear, I am not a replacement for your current doctor. I am a hired expert who will provide health counseling to you for a short while. **In our relationship, I will only be acting as a Wellness Consultant, despite my credentials as both doctor and pharmacist.** Keeping your local doctor connected to your care will educate him/her on naturopathic medicine (and our goals for you) and helps establish a "team" approach to getting you vibrantly healthy again. **Initial here** _____

INFORMED CONSENT

This Informed Consent for telephone/telehealth consultations and/or taking a Course in Disease Reversal is a contractual agreement between you and Christie Fleetwood, ND, RPh, VNMI. After reading through the information contained within this agreement, you may give or withhold your consent for consultation and/or the taking of a Course in Disease Reversal.

Although adverse reactions to nutritional and natural remedies are rare, they can happen. These may include but are not limited to: allergic reactions to herbs and supplements, positive or negative side effects of natural remedies, interactions with prescription medications, **inconvenience of lifestyle changes.**

Potential benefits of such therapies commonly include restored health, better sleep, greater energy, increase in the body's ability to function, pain relief, slowing down the aging process, greater connection between one's own mind and body, enhanced relationships, better shopping and spending habits, less litter on the planet and waste of our natural resources. Yes! Getting YOU healthy is good for the planet!

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****Prior to your first consultation and/or taking a Course in Disease Reversal, you MUST sign and return this combined Disclaimer, Informed Consent, and Terms and Conditions form. ****

For the duration of this professional consulting relationship, **you are expected to:**

1. Have signed and returned this Disclaimer, Informed Consent and Terms and Conditions form (to be kept on file). Email signed form to DrFleetwood@MonarchNaturalMedicine.net or scan/fax to (206) 905-0258.
2. Disclose all medical diagnoses and have an established physician in your area from whom we can request medical records and contact on your behalf, if necessary.
3. Disclose all current prescription medications, over-the-counter agents, and supplements, as serious interactions can occur. I cannot and will not be held liable for information that you have withheld from me. To ensure safety with discontinuing or diminishing prescription medications, you **MUST** disclose the truth about what you are taking and how often.
4. Notify me immediately if you become pregnant, or even suspect you are pregnant. Some natural therapies could present a risk to pregnancy. (Just because it's natural does NOT mean that it is safe for use during pregnancy and/or breastfeeding) **Initial here**_____

For the duration of this professional consulting relationship, you can **expect the following from me:**

1. A complete and confidential record of the health services provided to you via your phone/telehealth consultation with me. This will contain any records I might request from your current physician(s) as well as a record of your phone/telehealth consults and all suggestions made. *This record (or chart) will be kept for three years.*
2. "Homework" for you to do following each consultation and/or throughout any Course in Disease Reversal. These are actions you need to take to move toward your health goals. For the most part, your "homework" will consist of lifestyle changes, but may also include things such as a visit to your local physician for additional examinations, labs, or diagnostic imaging. It may very likely be for a reduction in dosage of a particular medication. *In this role of Wellness Consultant, I assume NO prescriptive scope. You are encouraged to discuss any changes with your physician.*
3. Focused concern for your best health outcomes, lots of information/education, and a *plan for your health that is created specifically for you*, which, while challenging at times, will not be more than you can handle.

TERMS AND CONDITIONS

You understand that the phone/telehealth consultation with Christie Fleetwood, ND, RPh, VNMI or taking a Course in Disease Reversal written by Christie Fleetwood, ND, RPh, VNMI does **not** create a doctor/patient relationship and does **not** serve to diagnose or treat any medical condition or symptom. Christie Fleetwood, ND, RPh, VNMI will **not** be providing medical treatment to you. Any suggestions provided by Christie Fleetwood, ND, RPh, VNMI will be based solely on information provided by you and your physician(s). You will be responsible for discussing any suggestions or

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options offered by Christie Fleetwood, ND, RPh, VNMI with your primary physician prior to taking or refraining from taking any action. Christie Fleetwood, ND, RPh, VNMI will not be liable for any adverse effect due to actions or inactions by you in connection with the suggestions provided by Christie Fleetwood, ND, RPh, VNMI. Initial here _____

This agreement is governed by the laws within the Commonwealth of Virginia. Venue for any and all disputes will be in Chesterfield County, Virginia.

"After reading the above information contained in this agreement, I voluntarily consent to the terms and conditions of this consultation agreement realizing that Christie Fleetwood, ND, RPh, VNMI cannot anticipate and explain all risks and complications of my health condition(s) and its related treatments. I understand that Christie Fleetwood, ND, RPh, VNMI will exercise her educated, professional judgment when recommending dietary supplements, natural remedies, and dietary and lifestyle changes for my previously diagnosed condition(s). By signing below, I acknowledge that I have been provided ample opportunity to read, or have been read, this form and had any questions answered. I agree to use this consent form to cover this and any future consultations or Courses for which I seek guidance from Christie Fleetwood, ND, RPh, VNMI. I understand that I am free to withdraw my consent and to discontinue participation in these consults or Courses at any time. I am at least 18 years of age and have no legal guardian or custodian. Initial here _____

Concerning the Courses in Disease Reversal, read and initial whichever applies to you...

Type 2 Diabetes: Furthermore, I attest that I am taking/have been prescribed **no more than 2 prescription medications for type 2 diabetes**, my diabetes does **not** require the use of insulin, I have **no more than 3 different diagnoses** for which I am being medicated, I am on **less than 6 total prescription medications**, and I am under a local doctor's care." Initial here _____

High Blood Pressure: Furthermore, I attest that I am taking/have been prescribed **no more than 1 prescription medication for high blood pressure**, I have **no more than 3 different diagnoses** for which I am being medicated, I am on **less than 6 total prescription medications**, and I am under a local doctor's care." Initial here _____

Asthma: Furthermore, I attest that I am taking/have been prescribed **no more than 2 prescription medications for asthma**, I have **only the asthma diagnosis** for which I am being medicated, and I am under a local doctor's care." Initial here _____

Cholesterol issues: Furthermore, I attest that I am taking/have been prescribed **no more than 1 prescription medication for cholesterol**, I have **no more than 3 different diagnoses** for which I am being medicated, I am on **less than 6 total prescription medications**, and I am under a local doctor's care." Initial here _____

Print Name: _____

Signature: _____ Date: _____

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GENERAL INFORMATION

Phone number (Voicemail/Message allowed): () _____ Current age: _____

Date of birth: _____ Referred by: _____

Address: _____

E-mail address: _____ Blood type: _____

What are your health goals in consulting with Christie Fleetwood, ND, RPh, VNMI?
