



GENERAL CONSENT FOR HOLISTIC TREATMENT

I have sought the health care services of Jonathan Dudley RSHom for my personal healthcare or for my child or children who are minors. I understand that this medical practice uses some treatment methods that are known as complementary, alternative, or holistic. These terms refer to therapies that include dietary and nutritional supplement advice, homeopathy, Morphogenic Field Technique™ and Neuro Emotional Technique®. Approaches for improving health may be based upon the evaluations and philosophies of complementary medicine and may or may not be consistent with mainstream medical evaluations and philosophies.

I understand that all information disclosed during the consultation is confidential and may not be revealed to anyone without my consent, except where disclosure is required by law. However, I authorise discussion of my case notes with other complementary therapists if my best interests be served by such a consultation. My right to privacy will be protected by withholding my name and any other identifying information.

Please place a ✓ and/or a ✗ against the appropriate therapy / therapies:

MORPHOGENIC FIELD TECHNIQUE™: I specifically authorise Jonathan Dudley to use a Morphogenic Field Technique™ health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the treatment, or “cure” of any disease. I understand that Morphogenic Field Technique is safe, non-invasive, natural methods of analysing the body’s physical needs, and that imbalances could cause or contribute to various health problems. I understand that this is not a method for “diagnosing” or “treating” of any disease including conditions of cancer, infections, or other medical conditions, and that these are not being tested for or treated and it is therefore strongly recommended that in addition to holistic care, I maintain a relationship with one or more physicians qualified to care for my health condition(s). No promise or guarantee has been made regarding the results of this testing or any natural health, nutritional or dietary programmes recommended, but rather I understand that it is a means by which the body’s natural field responses can be used as an aid to determining possible energetic imbalances so that safe natural programmes can be developed for the purpose of bringing about a more optimum state of health. I understand that I am to adhere to the programme guidelines. These guidelines have been fully laid before me and discussed in detail. If I do not fully comply, I understand that this will greatly impact my results and success. I also consent to the appropriate body contact required for this and other muscle testing treatments.

NEURO EMOTIONAL TECHNIQUE®: I understand that Neuro Emotional Technique is a procedure that concerns my “emotional reality” and that this does not necessarily correlate to actual events. I also consent to the appropriate body contact required for this and other muscle testing treatments and, where appropriate, that any remote/online consultations are conducted with my full agreement.

I am over 18 years of age. I understand this consent agreement and have executed it freely and willingly. My signature verifies that I have not been told to discontinue treatments or medications with any other medical specialists or health care providers, and that any such changes to prescriptions and/or dosages must be made only upon agreement with the prescribing physician.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

GDPR / EMAIL MARKETING CONSENT: Please tick one of the following options:

- YES - JDHH may send me information, news and offers via email. I understand I can unsubscribe at any time.
 NO - Please do not use my email address for anything other than matters regarding my treatment.