



Kawartha Natural Health Clinic  
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## Informed Consent

Signing this form indicates that you are voluntarily and with full knowledge willing to undergo a procedure referred to as Vitality Assessment and/or the Ionic Detoxification Therapy.

Vitality Assessment offers a quick, non-invasive screening method for determining health imbalances. VA (Vitality Assessment) has great value in giving practitioners a “hands on” assessment tool. VA is an “Energetic” assessment of the individual.

At no time will there be any implied or stated indication to any client to discontinue or alter any care that they are receiving under the direction of a physician. This procedure is not intended or implied to take the place of any conventional medical test or diagnostic procedure.

I have fully read and understood the above information, and I hereby give consent to the Vitality Assessment procedure.

I have read the Ionic Detoxification Therapy information brochure and I am aware of the recommended precautions and that in fact none of the precautions apply to me.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_