



Dr. Garima Jain, ND, CNC

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Pediatric Informed Consent Form

I, _____, a mature adult of sound mind, bring my child to Garima Jain, N.D., C.N.C. for holistic health counseling.

I understand that although Garima Jain, ND is a Doctor of Naturopath and Certified Nutrition Consultant, the state of New Jersey does not recognize Naturopathic Doctors as physicians; therefore, Garima Jain, N.D., C.N.C cannot diagnose or treat any health condition.

I understand that the herbs, nutritional supplements, and homeopathic remedies discussed in this office are neither a treatment for my condition nor replacement for medication. I agree to inform Garima Jain, N.D., C.N.C. immediately if any adverse reactions develop while I am taking these substances. I understand that in all circumstances I should continue to consult with my regular physician in regard to all medical concerns that I may have.

Accordingly, I sign this Informed Consent, to express that it is my own decision without undue persuasion to see Garima Jain, N.D., C.N.C for naturopathic counseling. I hold no party responsible for my own actions. I hereby release Garima Jain, N.D., C.N.C from liability for any results that may occur to me thereafter.

In an effort to best serve clients, please give at least 24 hours notice when canceling an appointment. Thank you for your cooperation.

Finally, I understand that Garima Jain, N.D., C.N.C does not accept insurance and that I am responsible for payment in full upon services rendered.

Child's Name: _____

Signature of Parent or Guardian: _____

Date: _____