Janine Maere, MD 211 Landmark Dr.

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Homeopathy Consent

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Homeopathy does not treat any illness, disease or medical condition. The purpose of Homeopathy is to find the substance that most closely matches the state of my vital force in order to bring it strength and balance. I further understand that if any improvement in my physical status occurs, it is not because I was treated for any specific illness, disease or medical condition, but rather because the chosen substance was a close match to my vital force, thereby enabling my body’s natural healing power to work unhindered to bring about the greatest possible well-being.

I understand that since Homeopathy does not treat any illness, disease or medical condition, invasive examination or generally accepted laboratory tests and procedures, including, but not limited to blood work, x-rays, urinalysis, etc., are not used. I therefore agree to hold Janine Maere, MD and any persons working under her auspices responsible only for following the standards of a Homeopathic practice and shall not hold Janine Maere, MD or any persons working under her auspices responsible to any other standard of care.

The undersigned does hereby acknowledge the desire and consent to participate in Homeopathic treatment in order to find that substance which most closely matches the state of the vital force. I desire and consent to this for myself or my dependent as noted below.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other than self, please fill in below

Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_