



BRIAN D. JONES – M.Ed., Naturopath – Health & Wellness Coordinator  
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## Informed Consent for Client Consultation – ESPS Total Wellness

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Best Phone to Contact \_\_\_\_\_

I, \_\_\_\_\_, as a client of ESPS Total Wellness, request and consent to be questioned and evaluated according to policies and procedures governing Naturopaths and Natural Health Consultants. This information is contained in the “Education Packet” you received with this form.

Questions and evaluation procedures will be fully explained to me and will include information related to my full medical as well as some non-medical conditions as they may relate to body function and dysfunction. **Return any forms, blood tests, evaluations, etc. that you may feel pertinent to any evaluation of your health.**

Following questioning and evaluation, educational materials regarding my chief complaint and related conditions will be offered and explained to me. Choices will be offered to me regarding my care. These choices will be based on discussions with you and recommendations made by Brian D. Jones, Naturopath, M.Ed. & Natural Health Consultant. I will make these choices based on the research-based educational information given to me by ESPS Total Wellness as well as my own research and information.

In addition to the educational materials given to me, I may receive guidance regarding further recommendations. The evaluations and recommendations may include but are not limited to:

1. Herbal and Botanical Recommendations.
2. Cleansing and Detoxification recommendations.
3. Nutritional and Dietary recommendations.

4. Lifestyle, Weight Management and Food Preparation Consulting.
5. Homeopathic Recommendations. **\*\*Note:** other therapies may be recommended and performed by other health practitioners.
6. Neurofeedback

I recognize that this is a holistic approach to health that involves many body systems and may involve chronic conditions that have evolved over many years and they may be all related and have an effect on each other and, accordingly, this approach, by its very nature may take additional time and effort on the part of the client to affect health positively. I also understand that I have the responsibility to make choices and determine direction in this effort and am required to actively participate in health and healing efforts that I choose in order for these choices to be effective. Please inform all health practitioners you are working with of your efforts with ESPS Total Wellness.

I also recognize that this health consultant relationship with ESPS Total Wellness & is not meant to diagnose and treat disease nor replace traditional medical care. This approach to health is complementary to other approaches and not an alternative to traditional medical care. I am given researched-based information concerning questions I have and am encouraged to make informed choices on how I may wish to move forward with my care. ESPS Total Wellness encourages me to review all material with any and all physicians and other health care personnel who may be responsible for my care. I recognize that there may be aspects of the choices I make based on research-oriented guidance I receive from ESPS Total Wellness that may be complementary to medical care received by any and all medical personnel with which I am involved. This complementary care may, ultimately, improve issues that are of concern to me. I freely choose this approach to my care.

Thank you for your valuable time – Brian D. Jones, Naturopath, M.Ed. & Natural Health Consultant

*Thank You for Investing in YOU! **\*\*return this form and others in the "Education / Consult Packet" to ESPS.***

Print Client Name: \_\_\_\_\_.

Signature of Client \_\_\_\_\_  
(Parent sign if warranted)

c. card information for file for charging supplies and consults:

c. card # \_\_\_\_\_ . 3 digit security code: \_\_\_\_\_.

Exp. Date \_\_\_\_\_.

Zip code billing from billing address \_\_\_\_\_.

Date \_\_\_\_\_ B. Jones, M.Ed., Naturopath \_\_\_\_\_

