

Rebel Wellness Club

BE A REBEL. HEAL YOURSELF.

CONSENT FOR COUNSEL & TREATMENT

I understand Joanna Tandberg (formerly Joanne Matson) is a certified Ayurvedic healer that helps me seek Physical and Spiritual healing without attempting to diagnose any medical, physical, emotional, mental or psychological disease, disorder or condition of any kind.

I understand that Joanna incorporates many modalities into her healing techniques, including but not limited to yoga, breath and meditation, supplements, nutritional guidelines, sound therapy, and therapeutic-grade essential oils to help me relax and manage my stress and pain, enhance the quality of my life, detoxify my body from the toxic pollutants I intentionally and/or unintentionally eat, drink, absorb or inhale, and help me improve my peak performance in my work, hobbies and all other facets of my life.

I understand that I am responsible for my own health, healing and well being; and that Joanna cannot diagnose, treat, heal or cure me of anything. I also understand I have the ability to heal myself by taking care of my body, resolving my emotional issues, changing my thinking, believing my intuitive insights and reconnecting to my deeper senses and ability for self healing.

I also understand it is my responsibility to advise Joanna of any medications I take, therapies I am undertaking and any allergies or sensitivities I have so I may avoid any complications or problems that may arise if I do not inform Joanna of these things.

I understand natural healing is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand certain adverse side effects such as those associated with the use of essential oils and/or the detoxification process (such as, diarrhea, nausea, headache, rash or hives, lack of energy, sensitivity to the sun) may occur through no fault of myself or Joanna. If I have any concerns about these things, I will keep Joanna fully advised about my concerns so the intervention may be terminated if necessary or revised to minimize any harm to me. I understand Joanna is a board-certified member of the National Ayurvedic Medical Association, and of the Society of Cannabis Clinicians, and is dedicated to treating me in a professional, openly honest and ethical manner at all times. I understand Joanna will keep all information she learns about me completely confidential unless I release her in writing or as required by law.

I agree to settle any disagreements I have with Joanna and if this is not possible, then I agree to mediate an agreement acceptable to both myself and Joanna.

I acknowledge that I have read and understand this form. I agree to allow Joanna to help me learn to heal myself using the natural healing techniques and modalities herein listed.

Print Name

Signature

Date

Jo Tandberg