

Sandhills Chinese Herbal Science (SCHS)

Informed Consent for Classical Chinese Herbal Science Services



1. Purpose of Care

I understand that Sandhills Chinese Herbal Science (SCHS) provides services based on the principles of **Classical Chinese Herbal Science**, a traditional system that evaluates patterns of imbalance and uses customized herbal formulas to support wellness and harmony.

I understand that this system is **not a form of Western medical diagnosis or treatment**.

2. Nature of Services

I understand that SCHS services may include:

- Inquiry into symptoms, lifestyle, and health history
- Visual observation
- Pulse and tongue assessment
- Classical pattern differentiation
- Customized herbal formulas (raw herbs, powders, tinctures, or pills)
- Guidance on lifestyle, seasonal living, and dietary principles

I understand that these services are intended to support balance and well-being.

3. Client Responsibilities

I agree to:

- Provide complete and accurate health information
- Disclose all medications, supplements, and medical conditions
- Follow herbal usage instructions as provided
- Report any adverse reactions immediately
- Avoid sharing herbal formulas with others

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4. Practitioner Responsibilities

I understand that SCHS practitioners will:

- Conduct assessments according to classical herbal theory
- Prepare formulas using high-quality herbs from reputable suppliers
- Provide clear usage instructions
- Maintain confidentiality as required by law
- Refer me to appropriate medical professionals when necessary

5. Risks and Benefits

I understand that:

- Herbal formulas are generally safe when used as directed
- Adverse reactions are rare but possible
- Benefits may include improved balance, vitality, and symptom relief
- Results vary by individual and cannot be guaranteed

I agree to contact SCHS immediately if I experience any unexpected or concerning reactions.

6. Non-Medical Nature of Care

I understand that:

- SCHS practitioners do **not** diagnose, treat, or cure disease in the biomedical sense
- SCHS services are **not a substitute** for medical care
- I should continue to consult licensed medical professionals for medical conditions, emergencies, or concerns

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7. Payment and Refunds

I understand that:

- Payment is due at the time of service
- Consultation fees apply regardless of whether herbs are dispensed
- Custom herbal formulas are non-refundable once prepared
- Missed appointments without a 24-hour notice may incur a fee

8. Consent and Acknowledgment

By signing below, I acknowledge that:

- I have read and understood this informed consent
- I have had the opportunity to ask questions
- I voluntarily agree to receive Classical Chinese Herbal Science services from SCHS
- I may discontinue care at any time

Client Information and Signature

Client Name (print): _____

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____