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## Client Health Consultation Consent Form

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I am an herbalist and science educator. While I have extensive training in herbalism, molecular biology, and have studied healing traditions around the world, I am not a medical doctor.

I am happy to provide you with recommendations and research in writing that you can discuss with your other healthcare providers at any time. You should notify your physician(s) of any herbs or supplements you are using. It is your responsibility to notify me of any prescription medications you are using, and of any allergies. By signing below, you are agreeing to take full responsibility for any allergic reactions to any herbal remedies suggested or given to you during or after your consultation. While allergies are uncommon, it is important to keep this risk in mind, and to check with your primary care provider before taking any remedies given or suggested for your health plan.

Herbs work over time; however, if at any time you do not feel happy with any recommendations, or if you feel you might be having an allergic reaction that does not require immediate attention, please let me know and we will work to find something that you are comfortable with. Good health is your own personal responsibility: the final decision in any recommendation - whether to follow it or not - is always yours.

It is important to me that you have a good understanding of what we discuss, no matter how many questions you need to ask or how long it takes. I look forward to working with you and invite you to walk the path of a healthy and vibrant lifestyle.

By signing below, I agree to this statement:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date