

## Consent Form for Healing when Client is Under the Care of a Midwife

I \_\_\_\_\_ (client's name)

have been advised by \_\_\_\_\_ (healer's name)

of The Nursing and Midwifery Order 2001 and that I should inform my midwife of my decision to receive healing.

I acknowledge and accept that Healing is a complementary therapy and does not replace medical diagnosis and prognosis. I would like to go ahead and receive healing in full acceptance of the responsibility of the above.

As a patient I exercise my right to request and receive Healing.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Healer Signature \_\_\_\_\_ Date \_\_\_\_\_