

YourPathsToWellness – SeniorCareRN.com

AUTHORIZATION FOR SERVICES

Dolly Jett, RN, MS, LMP, PhD.c, CHC, CCH, CCTP,
C-AMP, RNC-NIC, Rev, Reiki-M, MTI, LMBT, NCTMB

I hereby authorize Dolly Jett as a Health Care Practitioner & Director Of Nursing Services for Holistic Health Ministries, LLC: to render services for me, that are Holistic, Alternative, Complementary, Integrative or Professional Nursing in nature.

I have disclosed to her any Medical Conditions that I have or any Medications & Herbal supplements I am taking. Thereby, any therapies I request, may be given in a safe manner.

I understand that as said Practitioner with this Private Practice, She is not a Physician, nor does she practice clinical allopathic medicine. Any of the services provided here, are not a substitute for medical care.

I understand that if I am under the care of a physician and/or taking medications of any kind I should check with my Health Care Provider regarding the use of these services beforehand.

I will keep this “YourPathsToWellness” practice updated with any New health Conditions or Medications, while using these services.

I understand and accept the above, by my signature and date within.

Print Name _____

Are you presently under Doctor’s care? _____

Intake form filled out? _____ Date _____

Signature: _____

Payment is due at time of service, Thank you !

