

Cindy Heelan, MS, APRN, FNP-BC, AHN-BC
Certified HeartMath Practitioner
INFORMED CONSENT

Please bring the following completed sections to your appointment.

I understand that although Cindy Heelan is a family nurse practitioner, I am not seeing her for diagnosis or pharmacologic treatment of any medical or psychiatric condition. I realize that if I have any medical or psychological conditions, I am responsible for seeking my primary care provider's approval and his/her recommendations for treatment.

I will hold Cindy Heelan harmless and release her from any liability from loss or injury before, during or after any HeartMath Instruction, Lifestyle counseling, or general consultation.

I am aware that the outcome of HeartMath Instruction is determined by my willingness to commit to and practice the techniques and follow through with recommendations and that the results cannot be guaranteed.

Client name: _____ Date: _____

If client is a minor, parent or guardian name: _____

Relationship to client: _____

Legal Signature: _____

Address: _____

Phone(s): _____

Email Address: _____

Date of Birth (mo/day/yr): _____

Emergency Contact Information (name and phone): _____

Occupation: _____

Who may we thank for referring you? _____