



## crystal dawn herbs

Crystal Merrell

[crystaldawnherbs@gmail.com](mailto:crystaldawnherbs@gmail.com)

678-654-6449

### DISCLOSURE FORM

My basic approach is to combine alternative healing methods with the latest scientific findings and clinical practices. Because each client is unique, I will use various methods in my work with you. My basic healing philosophy is to offer you the support needed to restore your ability to experience balance and harmony in your health. The focus of my assessment of your health is to focus on identifying patterns of strength and weakness. Using this information, depending on your wishes, I will make recommendations that may include nutrition, herbs, supplements, counseling and lifestyle. My recommendation may also include suggestions for creating physical, emotional, mental and/or spiritual balance.

Currently, herbalism is not considered a recognized health care modality in Georgia. As such, there is no state or national licensing for herbal practitioners. At this time, there is only national certification and registration. I am a graduate of Botanologos School of Herbals Studies and Appalachian Center for Natural Health. My training is in the following areas of herbalism: *science-based herbalism, traditional Chinese herbalism, Eclectic herbalism (early American), European phytotherapy, and some traditional folk and Native American herbalism.*

I am NOT a medical doctor nor do I practice standard Western medical assessment, diagnosis or treatment. I do not claim to cure disease, nor do I offer advice about the use of any type of pharmaceuticals or medications at any time. I have no objections to my clients being seen or evaluated by their own medical doctor. If you have any questions or concerns about your health, I highly recommend you discuss them with your physician. I am available to work as part of your health care team by contacting any physicians and other healthcare providers you are currently seeing to discuss your care. I encourage you to share and discuss my recommendations with any other healthcare professionals.

Further, I maintain a herbal apothecary in my clinic. I sell some herbal products for a profit. I dispense them as a convenience and to ensure patients are receiving specific, individualized herbal formulas. I order only high quality, pure herbs from reputable companies or individuals. Many of my herbal formulas include wild herbs I have personally harvested and made into medicinal preparations by hand. I often use these preparations to create custom herbal formulas for individual clients. Clients are not obligated to buy any products from my clinic and I encourage clients to purchase supplements wherever it is most convenient for them. The recommended nutritional/herbal supplements I suggest are not a replacement for the medications prescribed by your Medical Doctor.

I am available to discuss any questions or concerns you may have. Please indicate that you have read and understand the information on this form by providing your signature below.

Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_



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### INFORMED CONSENT

As a part of her training, Crystal Merrell will review consultation cases with her mentor, who is a professional clinical herbalist registered with the American Herbalists Guild. Each case history will be presented anonymously to the mentor and all identifying information (such as client name and address) will remain completely confidential.

In order to prove that she has met requirements for clinical experience, Crystal Merrell will keep a separate list of client names and contact information, along with dates when she met with each client for consultation or follow-up appointments. This record will be submitted to the American Herbalists Guild (AHG) as part of her professional application. There will be no information concerning the nature or details of the wellness consultation included in this record. I understand that in order to verify that this consultation did take place, a representative of the Admissions Committee of the AHG may contact me. Should this verification be required, the AHG representative will not have any information about the consultation nor will they ask any questions about the nature of the consultation.

By my signature below, I indicate my willingness for Crystal Merrell to:

- Share my case information (*without my name or any contact information*) with her mentor.
- Share my name, contact information, and date(s) of consultations (*without any details about the nature of the consultation*) with the American Herbalists Guild.

Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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*office use only*

CLCO:

Consultation Dates: