



# MENTAL HEALTH CONSENT FOR TREATMENT

**Total Approach Wellness and Aesthetics**  
200 Forsythe Street  
Fayetteville, NC 28303  
Office: (910) 322-7368  
Fax: (910) 483-5796  
[www.TAWellness.net](http://www.TAWellness.net)

I understand that the orthomolecular modality used by Total Approach Wellness and Aesthetics utilizes nutrient protocols for treatment.

By signing this form, I agree to participate in this modality with the understanding that even with the highest level of compliance, desired outcomes are not guaranteed and that levels of response may vary.

Signed by: \_\_\_\_\_  
Signature of Patient or Legal Guardian

Relationship to patient: \_\_\_\_\_

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Print Legal Guardian's Name, if applicable

Date received by practice: \_\_\_\_\_ By: \_\_\_\_\_