

**2002 CALIFORNIA SENATE BILL SB577**

.....The Legislature intends, by this enactment of this act, to **allow** access by California residents to complementary and **alternative health care practitioners**..... I practice in California under the guidelines set forth under the State of California Business Professions Code sections 2053.5 & 2053.6

**I AM NOT A LICENSED PHYSICIAN OR SURGEON**

**Mariani Shuilan May, (D. HOM) does not make a diagnosis of physical or mental conditions, nor treat emergency situations or conditions. Mrs. May does not administer or have authority over prescription drugs. Consult your doctor about your medications. Homeopathic products are monitored by the FDA but have not been evaluated for efficacy or safety. Homeopathy is based on traditional theories not accepted by many modern medical experts.**

***~~~~~If you need medical treatment please see your medical doctor or go to the hospital~~~~~***

MARIANI SHUILAN MAY (D.HOM) is a CLASSICAL HOMEOPATHIC PRACTITIONER- this treatment is a supportive alternative or complementary healing art that is legal in the state of California according to the above-mentioned laws.

Sulis Homeopathy Inc. SERVICES ARE:

As a Classical Homeopath, I do not treat disease but rather the person as a whole integrated person. My goal on the initial visit is to listen to you, the client and the way you experience discomfort. In holistic care the individual is observed in the context of the whole experience of life, exposures, and emotional stresses. I want to understand as much as I can about your health concerns which will require your cooperation and communication. **I cannot guarantee I will find the best remedy for you. I cannot guarantee you will see improvement.** During the follow up visits we review your wellbeing, and make adjustments accordingly. **Regular follow up visits are important in order to see progress.**

**I have read the above and understand that Mariani Shuilan May (D.HOM) is a Homeopathic Practitioner and NOT A PHYSICIAN OR SURGEON. I am choosing the homeopathic services that she offers. I understand that I am paying for the time she spends gathering and researching my health information.**

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

**IF THE CLIENT IS A CHILD please print the child's name and age and your relationship to the child.**

Name \_\_\_\_\_ age \_\_\_\_\_ Relationship \_\_\_\_\_