

**VIBRATIONAL RAINDROP TECHNIQUE**  
**INFORMED CONSENT**  
**Adrienne L. Monarrez**

I understand Adrienne Louie Monarrez is a Vibrational Raindrop Facilitator and is qualified to help me diagnose, treat and cure my own spiritual sickness that is manifesting in my life.

I understand Adrienne Louie Monarrez will not diagnose, advise a prescription or cure for any disease, disorder or condition that I may have.

I understand that Vibrational Raindrop Technique is a non-secular art and science and is an application of essential oils. I understand the use of essential oils may help me improve the quality of my life. I also understand that human responses to essential oils may vary considerably and are not predictable because of the unique chemistry, make up, and intent of each individual.

I understand that the natural therapies offered by Adrienne Louie Monarrez are not a substitute for adequate and effective medical care, chiropractic, dental, mental health counseling, psychotherapy treatment and care, or any other professional care needed to address physical, mental, and emotional conditions or issues. I intend to remain under the care of my primary care physician, and any other care providers applicable.

I understand all healing may cause some minor discomfort, and some adverse side effects may occur through no fault of my own or Adrienne Louie Monarrez. I have read and understand the *Eleven Points to Mention as a Prelude to Raindrop* and/or the *Statistical Validation of Raindrop Technique*.

I understand my health is my responsibility. I will advise Adrienne of anything that might help us work together better to achieve the healing that I seek.

I understand my identity and any information about me, whether I share it with Adrienne Louie Monarrez, or she discovers it on her own, will be held in the strictest confidence, except when released by me in writing or as required by law.

I acknowledge that have read and understand this form. Adrienne has answered all of my questions. I agree to allow Adrienne to help me learn to heal myself using the natural healing techniques and modalities herein listed.

Client or Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Client Printed Name\_\_\_\_\_

Address\_\_\_\_\_