

CONSENT TO HEAL

I acknowledge that I am responsible for my own health and well-being. I understand that physical, mental, and emotional healing is a collaboration between myself and Dr. Julie Neal. Healing does not merely happen to me. Healing is something that I do. I consent to do my part in this collaboration. I understand that Dr. Julie treats the patient, not the illness.

I understand that this agreement is for myself and for others in my life. I happily consent, on all parts and on all levels of who I am to heal. I acknowledge that this consent requires that I increase some positive behaviors and decrease negative behaviors.

- I consent to minimize complaining, blaming, irony and sarcasm because I know that they contribute to illness and make it harder to get well.
- I consent to maximize praise and gratitude by expressing these towards myself and others as I understand that this will help me get well.
- I consent to minimize all obsessive worrying and concern about anything at all, including my health problems, because this can make it more difficult for me to get well.
- I consent to acknowledge and rejoice in all improvement in my health.
- I consent to acknowledge all fear of getting well and any gains I get from staying sick so that I can release what hinders my ability to get well.
- I consent to minimize and eliminate all behavior that undermines or sabotages my healing.
- I realize that I deserve to be well.

Signature: _____ Date: _____