

Nutritional Consultation Agreement

Welcome! During our meeting, you will learn ways to help yourself achieve a healthier diet and lifestyle. Please read the following. If anything is unclear, please ask.

This Agreement is made today between the Nutrition Consultant and the person named at the end of this document, the Client. Prior to meeting, the Client will complete a health history, a health questionnaire, and a food journal to be submitted to the Nutrition Consultant. The meeting will include a discussion of the Client's health history, recommendations and a full set of notes. The meeting date, time and cost will be set on a per-Client basis.

The Client understands that the role of the Nutrition Consultant is not to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body. If the Client is under the care of a health care professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplements use with his or her doctor, and should not discontinue any prescription medications without first consulting his or her doctor.

PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS

The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after this session. The Client expressly assumes the risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. The Client releases the Nutrition Consultant from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which the Client ever had, now has or will have in the future against the Nutrition Consultant, arising from the Client's past or future participation in, or otherwise with respect to, the session, unless arising from the gross negligence of the Nutrition Consultant.

CONFIDENTIALITY

The Nutrition Consultant will keep the Client's identifying information private, unless compelled to by law.

If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: (1) he/she has received a copy of this letter agreement; (2) he/she has had an opportunity to discuss the contents with the Nutritionist; and (3) the client understands, accepts and agrees to abide by the terms hereof.

NON-COVERED SERVICES CONSENT

The Client acknowledges that the nutritional consultation services will not be billed to insurance. The Client has chosen to obtain the services and agrees to be financially responsible for the charges. The charges are \$25 per half hour of consultation and will be paid the day of each appointment before the appointment.

Client name _____ Signature _____ Date _____