



Statement of Intent & Client Informed Consent

CLIENT NAME: _____

DATE: _____

PRACTITIONER

I, _____, am a nutrition educator and not a physician. As such, I do not diagnose or treat disease; rather I support lifestyle balance and health with my work.

CLIENT

I, _____, understand that information provided on the relationship between nutrition and health is not meant to replace competent medical treatment for any health problem or condition. Health education and medical care are complementary and integrative when properly delivered.

POLICIES

- Please be ready for appointments on time.
- Rescheduling must be done at least 24 hours in advance of our scheduled appointment.
- Cancellations must be made 48 hours of an appointment. Cancellations made within 48 hours or no-shows will be charged the full session fee. Emergency or special situations will have consideration. Payments are non-refundable.
- All coaching packages are to be completed within their designated length of time unless specific arrangements have been made differently ahead of time and have been agreed upon by both the practitioner and the client.

Amount paid: \$ _____ Date: _____

Payment method:

Cash _____ Check _____

Credit card _____

Signed: _____ Date: _____