

## CLIENT INFORMATION AND AGREEMENT

Print Name \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

Mobile Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F Height \_\_\_\_\_ Weight \_\_\_\_\_

Spouse Name \_\_\_\_\_ # of Children \_\_\_\_\_

I hereby attest to the following:

1. I fully understand the Practitioner I am seeing in this office is not a medical physician, and I am not consulting for medical, diagnostic, or treatment procedures.
2. The services performed by the Practitioner are at all times restricted to helping me gain a better understanding of my degree of "health" not disease, so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that the recommendations, discussion, homeopathic, lab tests, sale of food, nutrition, nutrition exam, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition, and does not relate in the context of any specific ailment or condition.
4. The appointments in-person or through telecommunication do not involve the diagnosing, prognosticating, treating or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

I have read and understand the above.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_