

Nutritional Evaluation Client Statement

*for the exclusive use of Registered Nutritional Consulting Practitioners,
who are Professional Members of the International Organization of Nutritional Consultants*

I hereby attest to the following:

1. That I am here on this, and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial or municipal agency on a mission of entrapment or investigation.
2. I fully understand that Registered Nutritional Consulting Practitioners (RNCs) are not medical doctors, and I am not here for medical diagnostic or treatment procedures. If I have any health problems, health condition, or disease, I am now being advised not to postpone or delay getting competent medical advice from a licensed doctor of medicine. I understand and agree that any services rendered by an RNC is not designed to cure or prevent any disease, pain, deformity, injury or mental or physical condition of any kind. I am here to learn how to do this for myself.
3. The services performed by an RNC is at all times restricted to consultation on the subject of nutrition intended for building wellness and does not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of disease, or for any act for which a medical licence is required.
4. Most doctors leave nutrition alone because they have not studied nutrition in great depth. We leave disease alone because we are not licensed to treat disease. However, we can recommend what we would do regarding diet improvements to facilitate normal physical and spiritual health. If, as a consequence, your diseases should diminish, then so much the better.
5. In natural healing methods, it is not necessary to pinpoint diseases. Nature heals when the body is normalized and natural foods and supplements are taken in place of toxin-producing substances. We believe it is not important to name diseases. It is much more important to start individuals back on the road to proper nutrition and other healthful habits.
6. I agree with and understand that the information I provide about myself will not be exposed to, or shared with anyone without my written permission.
7. This agreement is being signed voluntarily and not under duress of any kind.

Print Name _____

Address _____ City _____

Postal Code _____ / _____ Phone (H) _____ Phone (W) _____

Signed _____ Date _____

Witness _____ Date _____