

Client's consent form

I hereby attest to the following:

That I am here, on this and my subsequent visit, solely on my own behalf and not as an agent for any federal, provincial, municipal or professional agency on a mission of entrapment or investigation.

I fully understand that _____ is not a medical doctor and I am not here for medical diagnostic or treatment procedures.

The services provided by _____ are at all time restricted to consultation on the subject of nutritional matters for general nutritional well-being and do not involve the diagnosing, or prescribing of remedies for the treatment of any disease, or any diseases.

I understand and agree that all recommendations I receive from **Wellness Journey Place** are intended to educate individuals about diet and a healthy lifestyle and are not intended to diagnose, cure, prevent any disease, or be construed as a substitute for medical attention. If I have any specific medical condition(s) or concerns I should seek the advice of a medical doctor.

Name -----

Date-----