**Terms of Engagement & Reference Consent Form**

**Ethos**

Good nutrition supports the body’s natural defences and resistance, allows you to age strong and with vitality and energy; claims made about the efficacy of any functional naturopathic nutrition recommendations given by me are always based on my conclusions following in depth research in scientific and medical studies.

**Terms of Reference**

I, Farah Gina Condor am neither a physician nor a psychologist. The scope of my consultation services omits diagnosis/treatment of specific illnesses or disorders, instead focusing on re-balance of your health using a functional/holistic approach using the pillars of health,

Any reference that I make to prescription medication is for the purposes of gaining a complete history and to identify any contraindications/side effects with natural supplements; this forms a crucial part of the functional naturopathic nutrition analysis and advice.

I will not make a personal judgement on the appropriateness of any prescription medication you are taking, however, I will happily share information on its function, including side effects and supporting scientific/medical studies that will enable you to talk to your GP about your concerns.

At your request, I will happily work with your GP to help to improve your health naturally. If your goal is to reduce your medication, I would only do this by communicating with your GP to agree a joint approach so we are all working towards the same end goal; your optimum health, vitality and return to allostatic balance.

**Agreement**

My commitment to you

To give functional scientific based nutrition advice, undertake DNA, blood, stool and other tests required, prescribe natural quality supplements if needed, and provide scientific lifestyle advice tailored to support any medically diagnosed conditions and/or health concerns identified and agreed.

I will not diagnose nor claim to treat any medical conditions and my consultation and my advice replace that of a medical professional, but be taken alongside it.

Your commitment to this process

If you suspect you may have an illness or any health concerns that require medical attention, then please consult your GP without delay; only a licensed physician can give you prescription medication and appropriate diagnosis of any medical condition.

It is advised that your GP be aware of the naturopathic nutrition protocol you will be following, although this is not a pre-requisite.

If you are working with any other complementary medicine consultants, it is important that you tell me about any medical diagnosis you have received, any prescription medication, herbal medicine or food supplements and over the counter medication you are taking, as it may affect the programme.

Your given programme and supplement plan will have a limited time frame and you should not continue with recommendations outside of this without prior agreement. If you are unclear about any part of your plan contact me for clarification.

**Terms of Engagement**

By signing below, you acknowledge that you understand that I am a functional naturopathic nutrition consultant and therefore may not be held liable to any failure to diagnose or treat an illness, nor will I be liable for failure to prevent any future illnesses. You must see a GP for medical diagnosis.

Additionally, you agree to share a complete and accurate account of any medical conditions you have and all medications that you are taking.

If you experience any adverse reactions you need to report any concerns about you plan please raise them as soon as you are able or contact a medical consultant.

**Client Name & Signature:**

I understand the above and agree that our professional relationship will be based on the above content of this document. I understand my case will be kept confidential. With these understandings, I consent to undertaking your advice.

**Client Signature …………………………………………………………………………………………………………………………….**

**Date: …………………………………………………………………………………………………………………………………………**

**Witness Name & Signature and relationship to client:**

I acknowledge that the above individual is known to me and that I have witnessed the signing of this document.

**Witness Signature …………………………………………………………………………………………………………………………….**

**Relationship to Client: ………………………………………………………………………………………………………………………**

**Date: …………………………………………………………………………………………………………………………………………**