

# Nutritional Client Statement

## Release & Waiver

I understand that I am responsible for the creation of my health. I acknowledge that I therefore participated, at some level, in the creation of my illness/ condition. I can participate in the healing of this illness by healing myself, which means simultaneously healing my emotional, psychological, physical and spiritual being.

I fully understand that **Dr. Casper Alcaraz's** scope of practice is limited to general medicine, nutrition, functional medicine and lifestyle medicine. The services provided by **Dr. Casper Alcaraz** are deemed towards prevention/ wellness and all diet, IV therapies (has a separate consent form), supplements, and lifestyle recommendations are not intended to treat or cure a disease.

I understand that **Dr Casper Alcaraz** will keep my personal information confidential and will use it solely for the purposes of my nutritional and/or wellness healing program.

I understand that **Dr Casper Alcaraz** cannot guarantee results and such results may vary between individuals.

I do hereby acknowledge that I have read this Release and Waiver, that I fully understand the same, and that I am signing voluntarily and not under duress of any kind.

Patient:\_\_\_\_\_Date:\_\_\_\_\_  
Signature over printed name

Witness:\_\_\_\_\_  
Signature over printed name