

**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF NUTRITION RESPONSE TESTING™
And
NUTRITIONAL THERAPY INFORMED CONSENT AND DISCLAIMER
For the office of Cheryl Spitzer, NTP (Nutritional Therapy Practitioner)
Cheryl's Therapeutic Nutrition, LLC**

PLEASE READ BEFORE SIGNING:

GOAL: Our basic goal is to encourage people to become knowledgeable about and responsible for their own health, and to help you bring it to an optimal level. Nutritional Therapy is designed to improve your health, but is not designed to treat or cure any specific disease or medical condition. Reaching the goal of optimal health requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A Nutritional Therapy Practitioner is trained to evaluate your nutritional needs and make recommendations of dietary changes and nutritional supplements. A Nutritional Therapy Practitioner is not trained to provide medical diagnoses, and no comment of recommendation should be construed as being a medical treatment or diagnosis. Since every human being is unique, we cannot guarantee any specific result from our programs.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A Nutritional Therapy Practitioner is not a substitute for your family physician or other appropriate healthcare provider. A Nutritional Therapy Practitioner is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact them and inform them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to your current care and it may also alter your need for medications, so it is important you always keep your physician informed of changes in your nutrition program.

If you are using medications of any kind, you are required to inform your Nutritional Therapy Practitioner, Cheryl Spitzer, to such use and discuss any potential interactions between medications and nutritional products with your pharmacist. We use whole food supplements and therefore they address the foundational needs and deficiencies of the body.

If you have any physical or emotional reaction to nutritional therapy, contact your Nutritional Therapy Practitioner, Cheryl Spitzer, to determine if the reaction is adverse or an indication of the natural course of the body's adjustment to the nutritional therapy.

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. Supplements do not have side affects, but sometimes they will help the body experience detox symptoms. It is sometimes necessary to adjust your program as we proceed with each visit until your body can begin to properly accept the nutritional supplements that are correcting the imbalances. It is your responsibility to do your part by using your nutritional guidelines given at the first visit, work toward eating a proper diet (as recommended), exercise your body and mind

sufficiently to bring your emotions into a positive balance, and get plenty of rest. Please stay in contact with your Nutritional Therapy Practitioner, Cheryl Spitzer, with the recommended visits so she can let you know what is happening and the best course of action to take. You may request your other healthcare provider to contact her for answers to questions they may have regarding your care.

LICENSURE: A Nutritional Therapy Practitioner is not licensed by any state. A license to practice Nutritional Therapy is not required in the state of Minnesota. A Nutritional Therapy Practitioner is trained by the Nutritional Therapy Association, Inc. which provides a certificate of completion to students who have successfully met all course requirements, including a written and practical examination.

AUTHORIZATION: I specifically authorize the Nutritional Therapy Practitioner, Cheryl Spitzer, to perform a Nutrition Response Testing™ health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, and other health advise in order to assist me in improving my health and not for the treatment, or "cure" of any disease.

I understand that **Nutrition Response Testing™** is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

No promise or guarantee has been made regarding the results of **Nutrition Response Testing™** or any natural health, nutritional or dietary programs recommended, but rather I understand that **Nutrition Response Testing™** is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

By my signature below, I confirm that I have read and fully understand the above disclaimer and am in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

(If minor, signature of parent or guardian required)

Signature for client: _____

Relationship to client: _____