



Please fill out this Client-Practitioner agreement prior to our first session together:

"I _____ (Client name), enter into this client – practitioner relationship with **Kavita Reif @ Reif's Holistic Hormonal Care** of my own accord. I take full responsibility for the choices I make regarding food and supplementation and herbals and exercise. I will not hold **Kavita Reif @ Reif's Holistic Hormonal Care** responsible or legally liable for any ill effects that may arise from my choices. I do not take **Kavita Reif @ Reif's Holistic Hormonal Care** advice or counseling as a replacement for the advice of a qualified medical practitioner, dietician, or mental health worker. Before making any changes to my diet or adding in supplements or herbals or exercise I _____ (Client name) will check with my doctor or primary care physician."

Client Signature _____ Date _____

Practitioner Signature _____ Date _____