** Blue Skies Health and Wellbeing**

13 Dukes Rd

Fontwell

BN18 0SP

07974937577

**INFORMATION FORM (CONFIDENTIAL)**

**Informed Consent to Nutritional Therapy with Alex Hurd RN, Nutr.Dip., MSc, MA**

Nutritional Therapy is practiced by non-medical professionals and is complimentary to other regulated forms of healthcare in England. Please see the attached agreement form for a breakdown of the process.

While the best course of action is continually sought for the patient there always exists the possibility of side effects, adverse reactions or inefficacy of treatment. Blue Skies Health and Wellbeing holds your safety and well-being as their top priority in the management of your case and welcomes all questions or concerns you may have.

In signing below I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that:

1. Blue Skies Health and Wellbeing has in no way suggested that my being under their care should prevent me from seeking treatment from any other healthcare practitioner.
2. Blue Skies Health and Wellbeing will strive to deliver the safest and most effective interventions for my case, however there is still the possibility that side effects or adverse reactions might occur, or that therapeutic benefit may not be achieved.
3. I will inform Blue Skies Health and Wellbeing of all medical conditions I have been diagnosed with, symptoms I am experiencing, and medications I am taking/have taken in the past. I will also inform them of any new medical conditions or symptoms or medications should they arise.
4. I will inform Blue Skies Health and Wellbeing if I am pregnant or breastfeeding. I will immediately inform them should I become, or plan to become pregnant or if I begin, or plan to begin to breastfeed.
5. I will inform Blue Skies Health and Wellbeing if I do not understand any given part of the recommendations given to me or if I am uncomfortable with any aspect of my care.
6. All of the information I provide to Blue Skies Health and Wellbeing is protected by General Data Protection Regulations and is confidential unless disclosure is required by law.
7. My case information may be used for the publication of case reports or case studies. Any information concerning my identity will be excluded from publication, thus maintaining my anonymity.
8. I am free to purchase any products recommended by Blue Skies Health and Wellbeing for my treatment from a vendor of my choosing, being under no obligation to purchase products from Blue Skies Health and Wellbeing
9. I have read and understand Blue Skies Health and Wellbeing fee and prices schedule.

I, the undersigned, declare that I have read and understood the information presented above and that I authorize and consent to my present and future use of the Nutritional Therapy services by Blue Skies Health and Wellbeing. I understand that I may withdraw this consent at any time.

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Client Name (Print) Date

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Client Signature [NAME OF PRACTITOINER / COMPANY]

**Nutritional Consultation Fee Schedule\***

**Initial Visit 90 minutes -** £

**Follow-up Visit – 60 minutes -** £ If requested