



RESTORATION

NATURAL MEDICINE

Nutrition and Wellness Coaching Consent Form

1. Disclaimers

- 1.1. I understand that Taylor Pronozuk, ND is a Licensed Naturopathic Doctor and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods, dietary supplements, and behaviors associated with eating. While nutritional and botanical support can be an important complement to my medical care, I understand nutrition counseling is not a substitute for diagnosis, treatment, or care of disease by a medical provider.
- 1.2. If the Client is under the care of a healthcare professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplement use with his or her primary care physician, and should not discontinue any prescription medications without first consulting his or her primary care physician.
- 1.3. The Client acknowledges that the care that they receive during their nutrition and health coaching sessions is separate from the care that they receive from any medical facility in that the nutrition coaching sessions are in no way intended to be construed as medical advice or care. The client should continue regular medical supervision and care by their primary care physician.

2. Personal Responsibility and Release of Health Care Related Claims

- 2.1. The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after the duration of the client's nutrition and wellness coaching sessions.
- 2.2. The Client expressly assumes the risks of nutrition and wellness coaching sessions, including the risks of trying new foods, and the risks inherent in making lifestyle changes.
- 2.3. The Client releases the Naturopathic Doctor and Restoration Natural Medicine from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in lay or equity, which the Client ever had, now has or will have in the future against the Naturopathic Doctor, arising from the Client's past or future participation in, or otherwise with respect to, the nutrition sessions, unless arising from the gross negligence of the Naturopathic Doctor.

3. Confidentiality

- 3.1. The Naturopathic will keep the Client's information private, and will not share the Client's information to any third party unless compelled to do so by law or with the consent of the Client.



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ACKNOWLEDGEMENT OF RECEIPT OF COACHING CONSENT FORM

By signing below, you acknowledge receipt of the above disclosure statements and office policies and give your informed consent for treatment for (circle one) yourself or your child, and that you have read, understood, and agree upon these terms and policies as described.

Signature of Client/Legal Guardian

Date

Print Client Name (required)

Print Legal Guardian Name (if necessary)

If the patient is a minor, please complete below:

This client ____ does or ____ does not (check one) have a relationship with a licensed physician or pediatric health care provider.

Licensed physician or pediatric health care provider information:
Name:

Address:

Phone: _____