



OPTIMAL WELLNESS NUTRITION

CLIENT INFORMED CONSENT & STATEMENT OF INTENT

I, Darlene Voss, N.C., am a nutritional educator. I graduated with my Nutrition Consultant Certificate from the Hawthorn Institute in 2009. I have been studying the field of nutrition since 2004. I have been involved in physical education for 20 years and was formerly certified as a Fitness Consultant with the International Sports Sciences Association. It is my goal to educate my clients about health in order to achieve their personal optimal wellness. I AM NOT A PHYSICIAN and I am NOT licensed by the State of California as a healing arts practitioner. I do NOT diagnose or treat disease. My method of treatment in nutritional support and wellness coaching is alternative or complementary to healing arts that are licensed by the State of California.

In order to use my services, California state law requires that you acknowledge a receipt of the information provided in the form and that you sign it. You will receive a copy. I will keep the original in my records for at least 3 years.

I, the Client, understand that information provided on the relationship between nutrition and health is NOT meant to replace competent medical care or treatment for any health problem or condition. I understand that a Nutritional Assessment and Evaluation is not done to define health as it relates to disease, but as it relates to wellness.

I, the Client, Choose to improve my health by assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General (1990) estimated that 7 out of 10 leading causes of death in America are related to lifestyle habits; diet, smoking, lack of exercise and substance abuse. They are focal points of our work together.

I certify that I am here solely on my own behalf. I am not representing any other person, company, association, and/or on the behalf of any governmental agency.

I currently am ___ am not ___ under the care of a physician for a health problem or medical condition. If so, for what problem or condition?

Darlene Voss, N.C. has my, the Client's permission to contact my physician about the work we are doing and to obtain client/patient records.

My Physician is: _____ @ _____

Client Signature

Date

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. We also will need to discuss any medications you are currently taking as well. I recommend that you inform your medical doctor that you are receiving nutritional treatment.

Acknowledgement and Consent to receive Services:

I have read and understand the above disclosure about the nutritional treatment offered by Darlene Voss and Darlene Voss's training and education. I have discussed with Darlene Voss the nature of the services to be provided. I understand that Darlene Voss is not a licensed physician and that nutritional services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/mychild with a medical doctor. I have consented to the use of the services offered by Darleen Voss, and agree to be personally responsible for the fee of Darlene Voss in Connection with the services provided to me.

Client Signature/Parent/Conservator/Guardian

Date

Indicate capacity to sign if other than client: _____

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