



Please take a moment to carefully read the following information and sign where indicated.

To establish and clarify my purpose in coming to you for a consultation, I want to clearly state that my interest is in learning a good path to follow and a good nutritional supplemental program. I desire to change my present habits and establish new habits and a new way of living to build good health. I understand that it is my personal decision to follow or not follow a nutritional and supplemental program. I thoroughly understand that this consultation does not replace any additional professional counseling with any health care professional.

This analysis and nutritional recommendation is an adjunctive analysis which can be coordinated with other treatments and is not intended to be in any way a diagnosis or conflict with any other recommendations or treatments by other practitioners who are licensed by state and federal laws. The decision to follow or reject this program is left to my own discretion. In addition, I fully and completely understand that you do not treat nor do you make any recommendation for the treatment of disease in any form or in any manner whatsoever and I wish to assure you that I am in no way asking for such treatment. I clearly understand that this analysis and consultation is not meant to take the place of any other form of analysis, counseling or medical diagnosis.

* Naturopaths are not Medical Doctors. Naturopaths are trained specialists who use non-invasive natural medicine, such as vitamins, minerals, herbs and dietary changes to create a healthy environment in the body.

* Your visit/phone consult today is based on the belief that the body has a natural ability to heal itself, if given an appropriate internal and external healing environment.

* Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat or take the place of a licensed physician.

* Signs of physical, mental, emotional, supplemental deficiency or dietary stressors may be identified today. Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not to be interpreted as a substitute for a licensed physician's treatment.

* I am not on this visit or any subsequent visit acting as an agent for the federal, state, county, local agencies or news media on a mission of entrapment or investigation.

* I have read and discussed the above information and agree with it completely. This document is reflective of my views and beliefs for all consultations here after.

Client's Printed Name: _____

Client Signature: _____

Date: _____

*Consent to treatment of a minor: By my signature below

I hereby authorize Christine McGrew Blair to conduct a health consultation service to my child /dependent (Name) _____ as necessary.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____