

Nutritional Counselling - Informed Consent

**PLEASE NOTE THAT THIS FORM MUST BE SIGNED
PRIOR TO YOUR 1ST APPOINTMENT**

Nutritional counselling involves a thorough assessment of your diet, digestion and lifestyle factors that may impact how you benefit from the food you eat. It is very important that you inform your nutritionist of other practitioners you are seeing along with any medical concerns, medications or supplements you may be taking. Please advise your nutritionist if you are pregnant, suspect you are pregnant or if you are breast-feeding.

I understand that a confidential record will be kept of the health services provided to me. This record will be kept confidential but if required, I understand that my nutritionist may discuss my case with other healthcare providers. I understand that I may look at my medical record at anytime and can request a copy of my file with a fee of \$0.10 per page. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results are not guaranteed. With this knowledge, I voluntarily consent to nutritional counseling and I intend this consent form to cover my entire course of treatment. I understand that I am free to withdraw my consent at any time.

Patient Name: (Please print name): _____

Signature of Patient or Guardian: _____ Date: _____

Nutritionist: _____ Nutritionist Signature: _____

The vision of the Integrative Health Institute is to provide true integrative medical services. Given our commitment to this best-patient practice, we will communicate with your other medical providers at the clinic to ensure that you are receiving true complementary care. This will be done with respect for all privacy laws and any restrictive stipulation you may have placed on this communication. Please speak to your practitioner if you would like more clarification on this process.

I welcome professional dialogue regarding my case between members of my medical team at the Integrative Health Institute: Yes I No

Signature: _____