Client Consent Form

Please read the information below carefully; print and sign your name at the bottom of this form.

I, _____, agree to participate in the nutrition sessions provided by a Nutriworks CNC Dietitian for the previously agreed-upon fee. I understand that if I must cancel an appointment, it must be done 24 hours prior to the scheduled meeting time. Failure to do so will result in a forfeit of that session without a refund. If I have not pre-paid for the session, I will remit payment when asked to do so.

I understand that I must make payment for each session on the day the service is provided. If a discount applies, I agree to pay the full amount at the first session. If my check doesn't clear for any payment, I agree to pay the $35 returned check fee.

I understand that these sessions are not medically supervised and agree to consult with my physician if I have any existing medical condition. The physician that I see most regularly is:
Dr. _____ (name)
_____ (city), _____ (state)
I give Nutriworks CNC permission to contact my physician if deemed necessary.

I understand that nutritional supplementation may be recommended at any point during a session as part of my nutritional regiment and release Nutriworks CNC from any liability for recommending a supplement.

The nutrition sessions are designed to help you reach your goal by adapting your dietary intake to your current needs in a safe environment. I understand that I cannot expect to lose more than 2-4 pounds per week resulting from the changes to my dietary intake.

Please answer the questions below:

Do you prefer to be reminded of your appointments via telephone call, or email?
Please provide the phone number or email address you prefer we use:
_____

Can we connect with you via social media outlets? (i.e. Facebook) Yes   No

Would you be interested in providing any feedback about your experience with Nutriworks in the future? Yes   No

Finally, by signing below, I agree to the above statements.

Client Signature   _____   Date_____

(Print Name)   _____