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**VIRTUAL VISIT PROGRAM
BODY CLEARING & CELLULAR DETOX
CONSENT**

PLEASE READ BEFORE SIGNING:

I specifically authorize the Holistic Health practitioners at the Natural Health Improvement Center of North Florida to perform a health analysis and to develop a natural, complementary health improvement program for me. This may include dietary guidelines, nutritional supplements, etc. to assist me in improving my health. This is **not for the treatment, or "cure" of any disease.**

I understand that this program is **safe, non-invasive and a natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that this is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being treated.

No promise or guarantee has been made regarding the results of this recommended natural health, nutritional or dietary program. I understand that these methods are a means by which natural programs can be developed to support the body's natural healing ability, bringing about a more optimum state of health.

I am not under the direct care and supervision of a medical doctor for a disease or medical condition requiring nutrition intervention.

I have read and understand the foregoing. This permission form applies to subsequent visits and consultations.

Patient Print Name

Patient Sign Name

Date

Guardian Print Name

Guardian Sign Name