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**CELLULAR ENERGY TESTING &
NUTRITION RESPONSE TESTING™
CONSENT**

PLEASE READ BEFORE SIGNING:

I specifically authorize the Holistic Health practitioners at the Natural Health Improvement Center of North Florida to perform the above testing 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, **and not for the treatment, or "cure" of any disease.**

I understand that this testing 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 testing 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 tested for or treated.

No promise or guarantee has been made regarding the results of this testing or any natural health, nutritional or dietary programs recommended. I understand that these methods are a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of 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