

CLIENT AGREEMENT WITH THE CLINICAL NUTRITIONIST

1. I fully understand that Madiha Ahmad is a clinical nutritionist and is NOT a licensed medical doctor. I also understand that diagnosis or treatment for any disease or health condition is beyond the scope of any naturopath or clinical nutritionist. If I have any disease, health problem, or health condition, I am now being advised to seek qualified advice from a licensed physician.
2. I am here as a client, on this or any subsequent visit, solely on my own behalf and not as an agent for federal, state, or local agencies on a mission of entrapment or for any investigative purposes.
3. I understand that the above named practitioner teaches clients how to build their own health through training in the effective use of life-style modification, pollution avoidance, clean air, pure water, proper foods, rest, exercise, meditation, goal orientation, positive mental attitudes, stress reduction techniques, and adjustments of factors affecting over-all health.
4. I realize that any evaluations including dietary practices are not medical in nature and are not used for diagnosis or treatment of any health condition or disease. I know that such evaluations are not approved by any branch of the medical profession and are not approved by the Food and Drug Administration.
5. I understand that the review of any medical tests I bring with me is for educational and monitoring purposes only and NOT for the purpose of diagnosing or treating any disease or health condition.
6. Demonstrations on the use of exercises, finger pressure, thumb pressure, massage, etc., are NOT to be construed as treatment for any disease or health condition.
7. Recommendations, suggestions, and reference to meals, menus, or nutritional supplements are for body building, increased stamina and energy, and general health maintenance and do NOT involve nor imply any diagnosing, prognostication or prescribing for the treatment of any disease or health condition.
8. I understand that the clinical nutritionist/naturopath named above is dedicated to educating clients to help themselves to better health with emphasis on education and self-care. The body-mind-spirit philosophy of wholistic health is not accepted nor recognized and agencies considered as health authorities may not agree with wholistic approaches where clients must shoulder responsibilities for their own health. Educating clients in wholistic health may be considered an inexact science with many variables. Results from life-style changes are neither constant nor predictable.
9. I have notified the above named nutritionist of any and all medications and/or supplements that I take and/or existing physical and/or medical limitations and conditions.
10. I hereby waive and hold harmless the above named nutritionist from any and all claims arising from this agreement and/or participation in this nutritional program(s).
11. I have read and understand what is written above. My signature below signifies that I agree to retain the above named clinical nutritionist to educate me through lecture, testing evaluation, and demonstration in methods available for me to help myself to improve my over-all general health.

Client signature _____ Date _____

Print name _____ Date of birth _____

Address _____

City _____ State _____ Zip code _____

Telephone: _____

Email: _____

Referred by: _____