



### **General Informed Consent**

1. I fully understand that Wellness Through Nutrition/CHRISTINE MERAKLIS is a 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 nutritionist. If I, or my children, have any disease, health problem, or health condition, I am now being advised to seek qualified advice from a licensed physician. Christine Meraklis is happy to communicate and cooperate with my doctor(s) regarding my medical condition(s).
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. This may not be covered by traditional health insurance, and may not be accepted by mainstream medicine.
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. I also understand that the laboratory testing may be interpreted differently from mainstream medical doctors. Approaches for improving health may be based upon these interpretations and the philosophies of functional nutrition.
6. 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
7. I understand that Wellness Through Nutrition and the nutritionist 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. Wellness Through Nutrition/Christine Meraklis makes no claims or guarantees regarding the efficacy of her recommendations. The protocols recommended are based on a combination of clinical experience and knowledge of scientific and medical literature.
8. I have read and understand what is written above. My signature below signifies that I agree to retain the above nutritionist to educate me through lecture, testing evaluation, and



### **General Informed Consent (cont)**

demonstrations in methods available for me to help myself to improve my over-all general health.

9. I have notified Wellness Through Nutrition/CHRISTINE MERAKLIS of any and all medications and/or supplements that I take and/or existing physical and/or medical limitations or conditions. I have also informed my doctor of the nutritional supplements and diets I will be partaking in so that he/she can make sure there are no contraindications.
10. Wellness Through Nutrition/Christine Meraklis makes nutritional supplements and other health related products available for purchase. I am not obligated to purchase these products from her office or any other specific location or company. I may freely purchase products from any source I choose.
11. Wellness Through Nutrition/Christine Meraklis does not accept insurance assignment and by signing this form I accept full financial responsibility for all non-covered services and goods including consultation and laboratory tests and procedures.
12. It is my responsibility to follow up with Wellness Through Nutrition/Christine Meraklis for test results. I will not assume that test results are normal if I am not contacted by Wellness Through Nutrition/Christine Meraklis, or if I do not schedule or keep a consultation appointment.
13. I hereby waive and hold Wellness Through Nutrition/CHRISTINE MERAKLIS harmless from any and all claims arising from this agreement and/or participation in her nutritional program(s). I agree to be responsible for all legal costs and fees that may result from actions on my part or on the part of my representative against Wellness Through Nutrition/Christine Meraklis. If I choose to bring a legal case against Wellness Through Nutrition/Christine Meraklis, I agree that she will be judged by the standard principles of complementary/functional/holistic nutrition and not the standards and principles of conventional/allopathic medicine. I have the right to have this document reviewed by my attorney before accepting any services.
14. By signing below, I acknowledge that I have read this entire agreement, understand all terms, and agree to proceed. I understand this consent agreement and have executed it freely and willingly.



**General Informed Consent (cont)**

CHRISTINE MERAKLIS REQUIRES 24 HOURS NOTICE TO CANCEL AN APPOINTMENT. IF PRIOR NOTICE IS NOT GIVEN, I WILL BE CHARGED THE FEE ASSOCIATED WITH THE SCHEDULED APPOINTMENT.

By signing below, I acknowledge that I have read this entire agreement, understand all terms, and agree to proceed. I understand this consent agreement and have executed it freely and willingly.

Client (or parent/guardian) signature \_\_\_\_\_

Name of Client \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of parent or guardian, if minor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date \_\_\_\_\_