

* Consent * Disclosure * Disclaimer

Payment Policy: Nutrition therapy is not covered by insurance. All costs are the sole responsibility of the client. Consultations prices do not include the cost of necessary tests or nutrition supplements. All fees must be paid by cash, check or PayPal in full after the first appointment. Fees are non-refundable.

Cancellation Policy: A minimum of 24-hours notice is required for cancellations. Without proper notice a 50% cancellation fee will be charged. Cancellations must be made during business hours (8 am-5pm MST). Cancellations necessitated by weather or medical emergencies will be excused with a call prior to the appointment time.

I agree to provide prompt payment for all nutrition counseling services and supplements provided by Christine Pierangeli, CMNT

Client's Signature:_____

Date:_____

Consent:

I request that Christine Pierangeli prepare a nutritional analysis for me. When the analysis is complete, Christine will provide personalized menu plans, lifestyle and nutrition guidelines for me with the intent to improve my health based on my individual health goals.

Client's	Signature:	
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Date:_____

Disclosure:

I understand that Christine Pierangeli is a Master Nutrition Therapist. I acknowledge that Christine has obtained her MNT credentials from Nutrition Therapy Institute in Denver, Colorado in 2015.

Client's Signature_____



Disclaimer:

Nutrition therapy is not intended as a diagnosis, treatment, prescription or cure for any disease, either mental or physical. Nutrition therapy is not intended to be a substitute for standard medical care. The basic goal of nutrition therapy is to encourage people to become knowledgeable about, and responsible for their own health and to bring their health to an optimal level. Since every individual is unique, it is not possible to guarantee specific results from these programs.

Nutrition therapy is not intended to replace the relationship you have with your primary care physician. You should always consult your physician if you require medical attention or have symptoms causing concern.

If you are using medications of any kind, you are required to alert your Nutrition Therapist of such use, as well as discuss any potential interactions with your physician and pharmacist. It is also necessary to keep your physician apprised of all changes to your nutritional program.

If you have any physical or emotional reactions to nutrition therapies, discontinue their use immediately and contact your Nutrition Therapist to ascertain the possible reason for this reaction.

My signature below confirms that I have read and fully understand the above disclaimer, am in complete agreement and do freely and without duress sign and consent to all terms contained herein.

Client's Name (please print):_____

Client's Signature:_____

Date:	