



Lilypond – Nutrition Therapy and Reiki Treatments

Karin Dietrich – CNTC

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Nutrition Consultation Client Agreement and Release

I, the undersigned, understand that the nutritional and wellness consultation services offered to me by **Karin Dietrich**, CNTC, are educational in nature and intended to provide me with well researched nutrition information. Nutritional counseling services may include, but will not necessarily be limited to: instruction in the development of eating habits, physical exercise, rest, stress reduction, healthy home and workplace environment, attitudinal and behavior changes.

The counseling offered under this Agreement is acknowledged and understood to be of a strictly *non-medical* and *non-psychological* nature and is *accepted solely and exclusively for instructional purposes only*. Suggestions made for diet and/or supplement products are intended to support and balance the body with the sole intention of enhancing general health, and are not intended to diagnose, treat, cure, or prevent any disease.

Nothing expressed, written, or implied should be considered as medical advice for dealing with any given medical condition. The information received cannot replace the advice or treatment of a qualified health care practitioner. I also agree that I have been advised to discuss the recommendations with my prescribing physician.

I, _____, hereby certify that I fully understand and accept the above information, and agree to ask for clarification on any information I do not understand during or after the consulting session. I agree to disclose all known medical conditions and have answered all questions openly and honestly. I agree to keep the practitioner informed of any future changes in my medical conditions and treatments. I further acknowledge that I have received a signed copy of this disclaimer for my records.

Client Name: _____

Client Signature: _____

Date: _____