

Chad Gouge Clinical Nutrition Coach

Patient # _____
Classification _____

Date _____

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Email _____ Phone # _____

Employer _____ Occupation _____

Married _____ Single _____ Divorced _____ Wordow(er) _____ # of children _____

Emergency Contact

Name _____ Phone _____ Relationship _____

How did you hear about our office? _____

You are responsible for payment in full at the time of service.

** I clearly understand that all services rendered me are my responsibility and payment is expected at the time of service. I also understand that cancelations must be made within 24 hours of the appointment or I will be charges for the appointment.

Client Signature _____ Date _____

If under 18 years of age, parent or guardian's signature _____

Nutrition Informed Consent

According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "drug" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."

A vitamin is not a drug, neither is a Mineral, Trace Element, Amino Acid, Herb or Homeopathic remedy.

Although a Vitamin, Mineral, Trace Element, Amino Acid, Herb or Homeopathic remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is NOT intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counselling, vitamin recommendation, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical process of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatments.

I have read and understand the above:

Signature _____ Date _____