

NEW LIFE Nutrition
Confidential Patient Information

Please fill out this form completely

Personal Information:

Name: _____ Sex: ___ M ___ F
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Other Phone: _____ Birth Date: _____
E-Mail: _____

In case of an emergency you have my permission to contact:

Name: _____ Phone: _____
Address: _____ Relationship: _____

Please tell us how you heard about Angela : _____

Confidential Health Information

Please describe the current condition that brings you to our office:

What was the cause of the current problem? _____

When did the symptoms start? _____

Is this condition getting progressively worse? ___ Yes ___ No ___ Constant

Is this condition interfering with your: ___ Sleep ___ Work ___ Daily routine

Other: _____

Has any member of your family had a similar problem? ___ Yes ___ No

What diagnosis and treatment have you received for this problem? _____

Have you ever had Nutrition care? ___ Yes ___ No

If "Yes" Please answer the following:

Please list all prior medical history with dates for the last 5 years: _____

Are you currently taking medication? If so what? _____

Please list any nutritional supplements you are currently taking: _____

If female patient: Are you pregnant? ___ Yes ___ No

Additional Notes:

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Heart Sound Recorder Consent Form

I give New Life Nutrition permission to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder (a general wellness cardiac stress monitor). I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph like those in hospitals or physicians' offices, that it is not capable of diagnosing heart conditions and is not in any way a substitute for such a device. I further understand that the Heart Sound Recorder has not been reviewed or cleared by the U.S. Food and Drug Administration. I understand that if I have or believe I have a heart condition, I should see a healthcare practitioner qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a licensed physician, therapist or healthcare practitioner.

The findings from this device can be used to support (but not act in place of) sound medical therapies and recommendations.

I am giving permission to New Life Nutrition to share my graph with other practitioners for educational purposes only as long as my name and other personal information are removed.

By signing below, I agree to the above.

Print Name: _____

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Date: _____

NUTRITIONAL THERAPY INFORMED CONSENT AND DISCLAIMER

Angela Baird, Certified Nutritionist

Before you choose to use the services of a Certified Nutritionist (CN) please read the following information fully and carefully.

GOAL: Our basic goal is to encourage people to become knowledgeable and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health requires a sincere commitment from you, possible lifestyle changes and a positive attitude. A CN is trained to evaluate your nutritional needs and make recommendations for dietary changes and nutritional supplements. A CN is not trained to provide medical diagnoses and no comment or recommendation should be construed as being a medical diagnosis. Since every human is unique, we cannot guarantee any specific results from our programs.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A CN is not a substitute for your family physician or other appropriate healthcare provider. A CN is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact your other healthcare providers to alert them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care and it may also alter your need for medication. Therefore, it is important you always keep your physician informed of changes in your nutritional program. If you are using medication of any kind, you are required to alert the CN to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist.

If you have any physical or emotional reaction to nutritional therapy, discontinue their use immediately and contact your CN to ascertain if the reactions adverse or an indication of the natural course of the body's adjustment to the therapy.

COMMUNICATIONS: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently to bring your emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. You must stay in contact with the CN so we can let you know what is happening and the best course of action.

LICENSURE: A CN is a nationally-registered title granted to persons who have completed a specific and rigorous course of nutritional study. A license to practice nutrition therapy is not required in some states. Laws and regulations regarding certification and licensure requirements differ from state to state.

By my signature below I confirm that I have read and fully understand the above disclaimer, are in complete agreement thereto and do freely understand the consent to all terms contained herein.

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