



SIMPLIFY

Holistic Nutrition Consulting
& Functional Medicine Health
and Wellness Coaching

SIMPLIFY your Meal Plan

These are the 7-Day Meal Plans we are currently offering:

Please print, choose your meal plan, sign and send as a picture or attachment!

Please chose the Meal- Plan you are looking for and specify additional foods you are sensitive to, have Food-Intolerances or Allergies to or you simply dislike, that you would like to see removed from your food choices!

Anti- Candida Meal- Plan, free of _____

Gluten Free Meal- Plan, free of _____

Wheat Free Meal- Plan, free of _____

Cow's Milk Free Meal- Plan, free of _____

Animal Dairy Free Meal- Plan free of _____

Egg Free Meal- Plan, free of _____

Vegan Meal- Plan, free of _____

Vegetarian Meal- Plan, free of _____

Tree Nut Free Meal- Plan, free of _____

Seed Free Meal-Plan, free of _____

Peanut Free Meal-Plan, free of _____

Soy Free Meal- Plan, free of _____

Fish Free Meal- Plan, free of _____

Shellfish Free Meal- Plan, free of _____

Citrus Fruit Free Meal- Plan, free of _____

1. I fully understand that Silke Heine, PhD, owner of Simplify Holistic Nutrition Inc. is a Holistic Nutrition Consultant/ Functional Medicine Health Coach and she has a degree in Holistic Nutrition as well as a Certification in Functional Medicine Health and Wellness Coaching.
2. I also understand that the services offered by Silke Heine are not a replacement for medical treatment by a licensed physician or therapist, and I understand that no claims may be made against Silke or Simplify for results of dietary/nutritional/food suggestions.
3. I fully understand that **Silke Heine is not a Medical Doctor or physician, or therapist and does not diagnose, treat, or cure any disease or pathological medical condition, or prescribe any medication. I would like to receive a creative meal plan that I chose which is free of dietary advice according to my health condition.**
4. I am following the dictates of my own conscience, which allows me to select what I understand is most beneficial to my health.
5. I fully understand that Silke Heine is in no way encouraging me to discontinue or disregard any medication or medical advice given by my primary care physician or any other medical professional.
6. **I do understand that it is my responsibility to discuss any dietary changes with my primary care physician prior to implementing a new regiment.**
7. **I understand that I may be unable to receive Nutrition Advice from Silke Heine if I live in a state where certain restrictions exist which prohibit this. These states may include Alabama, Arkansas, Delaware, District of Columbus, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Rhode Island, South Dakota, Tennessee, or Wyoming, after the meal plan is received, but I can use the meal plan I chose to discuss with my local Nutritionist or Dietitian, or use it to create change myself.**
8. I understand that the meal plan is free of nutrition fact analysis, caloric analysis, and recipes, but is meant as creative tool towards a healthier diet.

Signature _____ Date _____