

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: _____

Signature: _____

Date: _____