



**Alternative Health Empowerment, Inc.**  
**670 Colonial Road, Suite 5**  
**Memphis, Tennessee 38117**  
**(901) 683-8200 / [www.AHE4Life.com](http://www.AHE4Life.com)**

## Client Request and Authorization

Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

I herby understand, as the "client" that:

I acknowledge that the Nutritional Profile, Evaluation, and Suggested Nutritional program and any supplemental materials such as Vitamins, minerals, enzymes, and herbs are not for the "diagnosis," treatment, cure, alleviation, prevention, or care of any disease of any kind, in any way. I agree that I am totally responsible for obtaining qualified medical assistance for any such services, or for the care of any "disease" or "pathological" condition. Nevertheless, I reserve myself the right to use the knowledge I gain from the consultation in any legal manner I may choose in the care of my own body. I further declare that the sole reason for requesting the services from this office is for obtaining a "Suggested Nutritional Program" for the building of my health and well-being.

I recognize that analysis is a revolutionary and unorthodox approach to health, and that it is based in Jesus Christ. Being of sound mind, I have chosen this method of building my health of my own free will and in exercise of my Constitutional Right for the attainment of life, liberty, and the pursuit of happiness.

Consultations are limited to education in matters pertaining to the improvement in the overall health and physical fitness for maintenance of the best possible state of physical, mental and emotional health. These subjects may or may not include examination of urine and saliva. Such procedures are not for the diagnosis or treatment of any health condition or disease. Any procedures including fasting are at my own choice.

I am fully aware of the fact that the services being provided to me are spiritually oriented, and that those who counsel me have been educated in an alternative counseling discipline. I realize my God given rights and Constitutional rights, which allow me to seek the best care and education for my own personal needs.

I am aware that I am entitled to receive information from my counselors about any method or procedures to be used, fees to be charged and the approximate length of procedure, if it can be determined by personal experience, testimonies, and suggestions.

I am free to obtain a second opinion from another practitioner at any time I feel it necessary.

I understand that all I say is to be kept confidential, and that information concerning myself can be released to another alternative health practitioner only with my signed consent.

I hereby grant, to my counselors to act in my behalf in matters concerning my health with alternative ways. I authorize them to perform any and all health services for me that I have a right to perform for myself and agree to hold them blameless for any and all such acts.

I am not a representative of a branch of a municipal, state, U.S. Government, the American Medical Association or Federal Drug Administration.

I have read and fully understand the above listed information and I do herby request that I be allowed to participate in a health consultation program for the following reasons:

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\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_ Date \_\_\_\_\_