

Ferren Consulting Intake Form healthy4life.ca

Client Statement

I, _____, take full responsibility for my health, progress and healing described on my nutrition plan. I acknowledge that changes in health take time and I am ready for an individualized plan that is not about quick fixes, but rather about making smaller changes over a period of time that can lead to sustainable change.

All personal information shared within this professional relationship will be held in strict confidence. Personal information may be shared at the client's request with a medical doctor, naturopathic doctor or any with other healthcare practitioner the client deems appropriate.

I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

Date: _____ Signature: _____

Name: (please print) _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (H) _____ (B) _____

Cell: _____

Email: _____