

Informed Consent Statement



I, _____, hereby attest and agree to the following;
print name above

I fully understand that Balanced Health, llc, deals strictly in helping people improve their general health through better nutritional approaches, improved lifestyle, improved health habits and positive mental attitudes.

I fully understand that employees of Balanced Health are not licensed physicians and cannot diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions.

I understand that all evaluations/analysis performed by Balanced Health are designed to evaluate my inherent constitution and temperament for the sole purpose of helping me to improve my general health through nutrition, habits, and attitudes. I further understand that all evaluations/analysis cannot determine specific disease conditions, and do not replace the diagnostic services offered by licensed physicians.

I certify that Balanced Health has not suggested that I cease any medical care I may be undertaking. I understand that decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Balanced Health responsible for the consequences of my decisions.

These services are not a substitute for prompt medical attention needed. Natural attempts will be made to relieve discomforts, but if a medical professional is needed, seek medical attention or verify recommendations with a primary physician.

I certify that I am here on this and on any subsequent visits or contact, whether by mail, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation.

I have read and understand the foregoing and agree to the terms and conditions set therein. I have also received Balanced Health's Complementary and Alternative Health Care Client Bill of Rights.

Client Signature _____ Date _____

Referred by _____