



## Wellness Intake Addendum

I understand that I am here to learn about food choices, lifestyle and natural health practices, and that I will be offered information about food, nutritional supplements, herbs and homeopathy, based on sound scientifically-supported study. I have come of my own free will and acknowledge that I (printed name) \_\_\_\_\_, (signature) \_\_\_\_\_, will be offered assessments based on formal training in natural health, and holistic health coaching.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnoses or treatment procedures.

The services performed here are at all times restricted to consultation on matters intended for the maintenance of the best possible state of natural health and stewardship of the body, and do not involve the diagnosing, treatment or prescribing of remedies for disease.

**Signature:** \_\_\_\_\_

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