

PROFESSIONAL CONSENT

We at **Nutrition on the Go, Inc.** aim to provide competent nutrition coaching and counseling to help you stay on top of your health issues.

With your personal consent, we shall provide our services based on the following objectives, procedures and/or limitations:

We aim to assist you in improving your health and reaching the optimal level of wellness.

Our team of professional and registered dieticians and nutritionists evaluate your health needs and requirements to provide you with a thorough and effective nutrition plan. Our dieticians and nutritionist however are not trained to give medical checkups and diagnoses. They are not in any way able to replace your physician.

If you are under the care of another healthcare provider, it is important that you contact them and inform them about any changes in your nutrition plan.

If you are using medications of any kind, you are required to inform our dieticians and nutritionists as well.

Only state licensed dieticians and nutritionists are allowed to provide nutrition coaching and counseling. As licensed providers of professional nutritional services, we at **Nutrition on the Go, Inc.** want to establish an intimate yet professional relationship with our clients. The best way we can serve you is to have all the necessary information we need to develop the appropriate advice concerning your diet, lifestyle and general wellbeing. You should also be aware of your rights as a consumer and customer.

You are hereby required to attest to undergo professional nutrition coaching and counseling and are consenting to all recommendations and proposals offered by our dieticians and nutritionists.

Patient's Full Name:

Patient's Date Of Birth:

Medical Insurance Name:

Insurance ID. No.:

Address:

Phone:

Patient's Signature:

Date:

Witness By:

Date:
