Client Statement

Live Blood Analysis

**I hereby attest to the following:**

1. That I am here on this, and any subsequent visit(s), solely on my own behalf and not as an agent of any federal, provincial or municipal agency on a mission of entrapment or investigation.
2. I fully understand that Certified Holistic Health Practitioners and Certified Nutritional Specialists are not to be used in place of a medical practitioner and I am not here for medical diagnostic or treatment procedures. If I have any health problems, health condition, or disease, I am not being advised to postpone or delay getting competent medical advice from a licensed doctor of medicine. I understand and agree that any services rendered by a Certified Holistic Health Practitioner and/or Certified Nutritional Specialists is not designed to cure or prevent any disease, pain, deformity, injury, mental or physical condition of any kind. I am here to learn how to do this for myself.
3. Services performed by Certified Holistic Health Practitioner and/or Certified Nutritional Specialists is at all times restricted to consultation on nutrition intended for building wellness and do not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of disease, or for any act for which a medical license is required.
4. Most doctors leave nutrition alone because they have not studied nutrition in great depth. We leave disease alone because we are not licensed to treat disease. However, we can recommend what we would do regarding diet improvements to facilitate normal physical and spiritual health. If, as a consequence, your disease should diminish, then so much the better.
5. In natural healing methods, it is not necessary to pinpoint disease. Nature heals when the body is normalized and natural foods and supplements are taken in place of toxin-producing substances. We believe it is important not to name disease. It is much more important to start individuals back on the road to proper nutrition and other healthful habits.
6. I will advise the Physician prior to testing if I have HIV/AIDS/Hepatitis. I further authorize the Technician to prick my finer to obtain a blood sample for the purpose of this test.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_