

David Lerner, L.Ac., M.TCM., PLLC
NUTRITIONAL COUNSELING INFORMED CONSENT AND DISCLAIMER

GOAL: My basic goal is to encourage patients to become knowledgeable about and responsible for their own health, and to help them to reach a personal optimum level. Nutritional counseling is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, absent other non nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. I will evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. I may use laboratory analysis to help me investigate your nutritional needs. I am not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, I cannot guarantee any specific result from my recommendations.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. Consulting with me is not a substitute for being treated by your primary care provider or other appropriate healthcare practitioner. I am not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact your other healthcare provider(s) and alert them to your use of nutritional supplements. Nutritional counseling may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program. If you are using medications of any kind, you are required to alert me to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist. If you have any physical or emotional reaction to nutritional therapy, discontinue use immediately, and contact me to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. You must stay in contact with me so I can be updated on any changes you're experiencing. Please suggest to your other healthcare provider(s), to feel free to contact me with any questions they may have regarding nutritional therapy.

LICENSURE: I am not licensed to practice nutrition by the state of Washington. However, I am in the process of receiving a diploma in comprehensive nutrition from Huntington College of Health Sciences. A license to practice nutritional counseling is not required in Washington.

Nutritional counseling may not be covered by insurance and all costs are the sole responsibility of the client.

By my/our signature(s) below, I/we confirm that I/we have read and fully understand the above disclaimer, are in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

SIGNATURE FOR CLIENT _____

RELATIONSHIP TO CLIENT _____ DATE _____