

**NUTRITIONAL CARE, Disclosure and Consent**

**TO THE PATIENT:** You have a right as a patient to be informed about your condition and the recommended nutritional procedure(s) to be used so that you may make the decision whether or not to undergo the procedure(s). This disclosure is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I hereby request and consent to the performance of Nutritional Response Technique and/or Nutritional Consultation, on me (or the patient named below, for whom I am legally responsible) by Dr. Acuna.

I have had the opportunity to discuss with Dr. Acuna my diagnosis, the nature and purpose of nutritional procedures and alternatives.

I understand and I am informed that, in the practice of nutrition there are some risks including, but not limited to, increased symptoms and pain or no improvement of symptoms or pain. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on the facts then known, is in my best interest. I further acknowledge that no guarantees or assurances have been made to me concerning the results intended from the treatment.

According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "drug" is defined to mean:

Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease.

A vitamin is not a drug. NEITHER is a Mineral, Trace Element, Enzyme, Amino Acid, Herb or Homeopathic Remedy.

Although a Vitamin, Mineral, Trace Element, Enzyme, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and / or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrients is provided solely to upgrade the quality of foods in the patients' diet, in order to supply good nutrition supporting the physiological biomechanical process of the human body.

Nutritional advice and nutritional intake may also enhance the stabilization of the (8) chemical components for the VSC (Vertebral Subluxation Complex).

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions, and all my questions have been answered fully and satisfactorily. By signing below, I consent to the treatment plan. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

*To be completed by the patient:*

*to be completed by the patient's representative, if necessary, e.g., patient is a minor or physically or legally incapacitated:*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print name of patient's representative

\_\_\_\_\_  
Signature of patient                      Date

\_\_\_\_\_  
Signature of patient representative & relationship      Date