



Dr. James Grillicot
Chiropractic Physician

AUTHORIZATION AND PERMISSION FORM Regarding the Use of Various Nutritional Tests/Informed Consent

I authorize the Practitioner at **Natural Wellness Center** to perform a variety of nutritional-based testing on me for the purpose of developing a program designed to improve my health and not for treatment or “cure” of any specific disease.

Initials _____

I understand that all of the nutritional-based tests are safe and noninvasive methods of analyzing the nutritional and physical needs of the body. Deficiencies in these areas may cause or contribute to various health problems. I understand that the tests are not a method neither intended for making a diagnosis of disease, illness or medical condition nor intended to treat any disease, illness or medical condition. I understand that diseases, illnesses and medical conditions are not being tested for or treated. **Initials** _____

The testing results are not guaranteed and no promises intentional or unintentional have been made regarding them. Any natural health, nutritional or dietary programs recommended are not guaranteed and no promises intentional or unintentional have been made regarding these programs. I understand that the tests can be used as an aid in determining possible nutritional imbalances so that safe, natural nutritional programs can be recommended for the purpose of bringing about a more optimal state of health. **Initials** _____

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, amino acid, herb or homeopathic remedy. Although, a vitamin, mineral, trace element, 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.

Nutritional counseling/advice, supplement recommendations and the adjunctive schedule of nutrition is provided solely to upgrade the quality of nutrition in the patient’s diet in order to support the physiological and bio-mechanical processes of the human body.

I have Read and Understand, the foregoing and this permission form also applies to subsequent visits and consultations.

Print Name: _____ **Date:** _____

Address: _____ **Phone: (____) _____**

Signed: _____ **Witness:** _____

Z:\NUTRITION\AUTHORIZATION AND PERMISSION FORM nutrition tests - NWC.doc