

## Terms of Engagement & Consent Form

This consultation aims to use the principles and practices of Naturopathic medicine to assist the body's own ability to heal and improve the quality of life and health through natural means. During your visit, a thorough health history will be taken and if needed examination such as hip to waist measurements (No clothes need to be removed), blood pressure monitored and weight could be taken. Specific lab diagnostic test results from other health care practitioners you have/are seeing or through private testing laboratories will be required.

By signing this statement of acknowledgement, you understand that:

- Naturopathic Nutritional advice will be tailored to support medically diagnosed conditions and/or health concerns agreed and identified by the two parties
- Naturopathic Nutritional practitioners are not permitted to diagnose or claim to treat medical conditions
- Naturopathic Nutritional Therapy is not a substitute for professional medical advice and treatment
- You are responsible for contacting your GP or specialist about any health concerns you may have and you will advise them of the Naturopathic Nutrition protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting.
- It is important that you tell me about any medical diagnosis you have received, any prescription medication, herbal medicine or food supplements or over the counter medication you are taking as it may affect the Naturopathic Nutrition programme.
- If you are unclear about any part of your plan then you should contact me immediately for clarification.
- Your Naturopathic Nutrition plan and supplement plan (if applicable) will have a time frame and you should not continue with recommendations outside of this unless agreed by me. This is to avoid any adverse reactions.
- You should report any concerns about your programme to me for discussion at your next consultation.
- I reserve the right to determine which cases fall outside of my scope of practice and will make appropriate referrals where necessary.
- Changes in dietary habits are not an absolute prerequisite for treatment and you understand that failure to follow sound nutritional, exercise and lifestyle programs could undermine any expected results
- The ultimate responsibility for your health care is your own and that I am here to support you in this. I reserve the right to discontinue my services where it is apparent that your expectations and what I can provide are not in agreement
- Understanding that all fees, for services and supplements are payable at the time of appointment by the client or the guardian. Notice of 24 hours is required for appointment cancellations, otherwise you will be charged an administration fee of £20.00
- I also recognise that even the gentlest therapies, supplements and medications potentially have their complications in certain physiological conditions, in very young children, in those on multiple medications, in pregnancy, while breastfeeding and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; all medications, including over the counter drugs and supplements. The slight health risk of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from acupuncture

*We/I understand the above and agree that our professional relationship will be based on the above content of this document.*

## Signed Agreement

Client	Jane Snooks (The Gut Life)
Signature	Signature
Date	Date