

Intent & Client Informed Consent

From: Daniel Sanelli, M.Sc. (aka Primo)

To: _____

(name of client)

Welcome to my practice. As you know, I am a practitioner of **nutrition**. I am not a licensed physician, nor are **nutrition** services licensed by the state. The idea behind nutrition is that when properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well being.

As a practitioner of **nutrition**, I will provide you with the following kinds of services:

- Diet and nutrition evaluation.
- Individualized dietary guidance appropriate to your lifestyle and environment.
- Education and research on your health concerns.
- Health support complementary to that provided by licensed professionals.

I have been practicing **nutrition** since 2010. My training and education includes:

- Academic training
- Nutrition Educator Certification from Bauman College
- Graduate Studies in Holistic Health Education at John F. Kennedy University
- Master's of Science in Human Nutrition at University of Bridgeport
- 100 + Hours of Continuing Education Units in Nutrition

I have been a member of the National Association of Nutrition Professionals, the professional organization that sets standards, ethics and scope of practice for certified nutritionists, since 2010 (www.nanp.org). I have been a member of the American Nutrition Association (<http://americannutritionassociation.org/>) since 2012.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My services in **nutrition** are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the back of this page.

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving nutrition services.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the **nutrition services** offered by Daniel Sanelli and his training and education. I have discussed with Daniel Sanelli the nature of the services to be provided. I understand that Daniel Sanelli is not a licensed physician and that **nutrition services** are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider. I have consented to use the services offered by Daniel Sanelli and Primo Health Coach, Inc., and agree to be personally responsible for the fees in connection with the services provided to me. I will provide 24-hour notice if an appointment must be missed or pay 20% of the missed session. I am here as an individual on my own behalf.

Signed: _____
(client/parent/conservator/guardian)

Date: _____

Email Address: _____



PRIMO HEALTH COACH
P.O. Box 640942, San Francisco CA 94164
web: www.PrimoHealthCoach.com
phone: (415) 754-3047 • fax: (415) 358-5619