INTENT & CLIENT INFORMED CONSENT

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

Name: _____ Email: _____
(name of client)

Birthdate: _____ Age: _____ Referred by: _____

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 and health assessment,
- 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
- 1000 + 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.

NUTRITION SERVICES

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 below.

1. **SERVICES**: My health care provider has recommended functional, nutritional, and lifestyle evaluation, testing, consulting, and care, including dietary supplements. I understand and am informed that products and services are not provided by medical physicians and do not include prescription of legend drugs, surgery, or other conventional allopathic medical treatments. I further understand that consultations, evaluations, supplementation, lifestyle consultation, testing, recommendations, discussion, sale of food, nutrition, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients pertain to the functional health/whole body concept.

2. **NO GUARANTEE**: I have been informed that the methods of nutritional evaluation or testing made available to me are not intended to diagnose disease from an allopathic model of medicine. Rather, they are intended as a guide to developing an appropriate overall health-supportive program for me, and to monitor progress in achieving goals. I further understand that any recommendations are supportive in nature allowing the body to return to improved health. Like all other health care, results are not guaranteed and there is no promise to cure. Accordingly, I understand that payment(s) for services are not conditional on my response to care. Prorated fees for unused, prepaid services, however, will be refunded if I wish to cancel. No refunds will be available for any products purchased.

3. **RISKS**: I understand the nutritional supplements, vitamins, minerals, food grade herbs, and other nutrients that may be recommended are generally considered safe, however, some nutritional supplements, vitamins, minerals, food grade herbs, and other nutrients may be toxic in large doses. I also understand that nutritional supplements, vitamins, minerals, food grade herbs, and other nutrients may interact with some legend drugs. Accordingly, I agree to consult with my prescribing physician about any legend drugs I am taking and the impact of supplements, vitamins, minerals, food grade herbs, and other nutrients on such drugs. I will inform my health practitioner if I experience gastrointestinal upset (nausea, gas, stomachache, vomiting), allergic reactions (hives, rashes, itching, tingling of the tongue, headache), or any unanticipated or unpleasant effects associated with the nutritional supplements, vitamins, minerals, food grade herbs, and other nutrients.

4. **PREGNANCY**: I understand that some nutritional supplements, vitamins, minerals, food grade herbs, and other nutrients may be inappropriate during pregnancy, and I will notify the health practitioner if I am or become pregnant.

5. **ALTERNATIVES**: I understand that the alternatives to the recommendations include doing nothing and/or seeking additional allopathic medical care.

6. **QUESTIONS AND ANSWERS**: I have read and fully understand this consent form, and understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

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.

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