



### Informed Consent for Nutritional Care and Lifestyle Education

I, \_\_\_\_\_ Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ understand that:

- Nimisha Patel RD/LD is a Licensed/Registered Dietitian and NOT a physician.
- Nimisha Patel RD/LD will not diagnose or treat any medical condition, but rather, will provide nutritional support and lifestyle education for an already diagnosed condition.
- Nimisha Patel RD/LD may consult my case details with a functional nutrition mentor, Gay Riley CCN to provide personalized recommendations for further testing and treatment to support nutrition health. I agree to sign a release of information to permit this collaboration.
- Nimisha Patel RD/LD's recommendations do not replace my physician's advice, but rather augment any medical treatment by optimizing my health through nutrition.
- I represent that I have disclosed to Nimisha Patel RD/LD my complete medical history including, but not limited to, any allergies or chronic medical conditions.
- Nimisha Patel RD/LD does her best to research any adverse effects of products through peer mentoring and peer reviewed literature, sometimes there is limited research on certain products.
- By taking dietary supplements or herbal products that Nimisha Patel RD/LD recommends, there is a possible risk for an unpredictable allergic reaction, or any unpredictable reaction with my medication that has not been found in research literature. These unpredictable reactions may include, but is not limited to, nausea, vomiting, gastrointestinal upset, anxiety, panic attacks, or other unknown or unrecognized adverse effects.
- Nimisha Patel RD/LD specifically disclaims any liability, loss or risk, personal or otherwise, that may be incurred as a consequence directly or indirectly of the use or application of any dietary or herbal supplement remedy.
- Dietary supplements and some forms of nutritional counseling will not be reimbursed by third party payor including private health insurance and Medicare.
- I am personally responsible for payment to Nimisha Patel RD/LD's functional nutrition fees which are not covered by third party payors.
- I hereby state that I have read this document and that any questions have been answered to my full and complete understanding and satisfaction. I therefore request nutritional counseling and recommendations regarding supplementation or dietary, herbal remedies from Nimisha Patel RD/LD.

\_\_\_\_\_  
Client Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Nimisha Patel RD/LD

Date \_\_\_\_\_