

Instruction Sheet for Nutrition Consultations

Thank you for your interest in my nutrition consulting services. I look forward to helping you to achieve your health goals.

Below are instructions for how to sign up for my services. If you have any questions, please use the contact information above to reach me.

Step 1 - Provide your contact information:

Name: First _____ Last _____

Address: Street _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Name of person receiving nutrition services (if different than above):

First _____ Last _____

Step 2 - Indicate if you would like to meet by video conference or in-person:

_____ I would like to meet by video conference.

_____ I would like to meet in-person.

Preferred location: _____

Step 3 - Complete and sign the attached Informed Consent Form.

Step 4 - Complete the appropriate Client Information Questionnaire.

A link to the downloadable Client Information Questionnaires is located in the instructions on the website's Appointments page.

Step 5 – Email, fax, or mail to me using the contact information above:

- A. This completed **Instruction Sheet** (2 pages), including the signed **Informed Consent Form** (2 pages)
- B. The completed **Client Information Questionnaire**
- C. Any additional relevant information regarding your health situation that you would like me to be aware of (e.g., client history detail not covered in the Client Information Questionnaire)

Step 6 - Scheduling and confirming an appointment time and place

Once I have received the information summarized in Step 5, I will contact you by email to ask any clarifying questions, schedule and confirm a consultation appointment time and place, and provide payment options.

Step 7 - Review the appointment cancellation policy

I ask for 24-hour appointment cancellation notice. If cancellation notice is given less than 24 hours in advance, a \$100 appointment cancellation fee will be charged.

Informed Consent Form

Welcome to my practice. As you know, I (**Marc Joseph**) 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:

The nutrients found in foods, and when necessary, via supplementation, can be supportive of health, enhancing quality of life and well-being.

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

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

My training and education includes:

- Prerequisite coursework through the American Academy of Nutrition, including college-level courses in nutrition, anatomy/physiology, and biochemistry. (2003)
- A Master of Science (M.S.) degree in nutrition from the regionally-accredited University of Bridgeport, including coursework in nutritional biochemistry, pathophysiology, vitamin and mineral biochemistry and function, clinical biochemistry, nutritional status assessment, developmental nutrition, nutritional therapy, biostatistics, and botanical medicine. (2005)

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. All information is confidential.

My services in **nutrition** are 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 *patient information* sheet (please request a copy or see www.californiahealthfreedom.org).

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 **Marc Joseph** and his training and education.
- I have discussed with **Marc Joseph** the nature of the services to be provided. I understand that **Marc Joseph** 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 **Marc Joseph**, and agree to be personally responsible for the fees as outlined on MarcJosephNutrition.com in connection with the services provided to me.
- I have read, understand, and agree to the appointment **cancellation and rescheduling policy** as described in the Instruction Sheet for Nutrition Consultations and on MarcJosephNutrition.com.
- I am here as an individual on my own behalf.

Client name (print) _____

Parent name (print) _____ (if representing a child)

Signature _____

Date _____