



Center for Holistic Health, Nutrition, & Vacaville Thermography, Inc.

97 Dobbins St. Ste C Vacaville, CA 95688
707-451-4058

Client Informed Consent

We are holistic healthcare practitioners, educators, and nutrition consultants. As such, we do not diagnose or treat disease. Rather, support lifestyle balance and optimal health through diet, functional disturbance support, nutritional supplements, detoxication and Essential Oil recommendations. Not only do we pay attention to your physical health, but emotional, and spiritual health as well. The body cannot be well until the soul, mind, and body are in balance.

In order to use our services, California state law requires that you acknowledge receipt of the information in this form and that you sign it.

I, _____, understand that information provided on the relationship between nutrition, lifestyle factors and health is not meant to replace competent medical treatment for any health problem or condition. Health education and medical care are complementary and integrative when properly delivered. I choose to improve my health by assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being.

I have been informed that the methods used at Center for Holistic Health and Nutrition are safe, but as with any methods, there may be side effects or risks. I also understand that the herbs, Essential Oils, and nutritional supplements are from whole food, plant, animal, and/or mineral sources and are traditionally considered safe. I will immediately notify Center for Holistic Health and Nutrition of any unanticipated or unpleasant effects associated with the consumption of the products.

I do not expect Christine Andrew or staff to be able to anticipate and explain all risks and complications of services, and I wish to rely on CHHN practitioners to exercise judgment during the course of my program which they think at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand that I will be charged for the services rendered and agree to make a commitment for the follow-up appointments recommended. The fees are payable upon rendering of services by either cash, VISA, or check, and I agree to be personally responsible for the fees in connection with the services provided to me.

I consent to prepay 50% deposit of my service fee to reserve my initial consultation appointment. If cancellation of an appointment is necessary, I will give 48 hour notification. If I do not give 48 hour notice, I understand that I forfeit my deposit. For future appointments I understand that I will be charged the appointment fee if I do not show up without 48 hour notice.

I acknowledge that I have read the above disclosure and the attached office policies and cancelation policy. I have consented to use the services offered by Center for Holistic Health, Nutrition & Vacaville Thermography.

Signed _____ Date _____

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