

Seeded NUTRITION Consulting Agreement and Consent Form

I, _____, of the following address,
(please print full name)

_____, am consulting with Sherry Akef, Registered Holistic Nutritionist and Holistic Health Consultant, to gain information on holistic health, nutrition, and wellness. I understand that nutritional advice, assessment, testing, recommendations, or plans provided to me are reference guides only; it is not intended to replace, nor substitute a medical practitioner's advice or medical care. I also understand that by consulting with Sherry Akef, I will not be offered a diagnosis, treatment, nor cure, but rather I will be provided with education, information, and nutritional/dietary/lifestyle advice, along with recommendations and plans that will help me achieve my personal health goals.

I am acting solely on my own behalf, and it is my responsibility to make sure recommendations given to me do not conflict with my medications, illnesses, or lifestyle choices. It is my responsibility to seek a doctor's advice especially on medication, health problems, medical complications and/or contraindications.

I agree to disclose as much information as I can to ensure the best possible health assessment, and I acknowledge that by doing so, the information I provide is protected and guarded in confidence at all times.

I give Sherry Akef permission to contact my medical practitioner, _____, at the following phone number _____ on my behalf. The purpose of this contact would be to obtain additional information from my doctor on any diagnosis or recommended treatment so that Sherry Akef may best provide me with appropriate and complimentary information in order to obtain the best possible results. I know that Sherry is not, and cannot be, a primary healthcare provider. I agree to hold Sherry Akef and Seeded NUTRITION harmless for any claims or damages in association with our work together. This is a contract between Seeded NUTRITION and myself, and a general release of liability for Sherry Akef and Seeded NUTRITION.

I agree to pay in full either before, or immediately after every visit unless other arrangements have been made with Sherry Akef prior to my visit. I have read and understand the fee schedule and I understand that Seeded NUTRITION has a 48 hour cancellation policy. I am aware that I will be charged a full visit for a missed appointment if 48 hour notice is not given.

Any unused portions of packages are non-refundable. It is highly recommended to stay in contact with Sherry Akef to ensure all portions are being properly utilized. Portions of prepaid packages, if unused within the time frame given from date of purchase will be forfeited unless otherwise discussed with Sherry Akef.

I understand that I am fully responsible and in control of my health at all times and if there is confusion at any point it is my responsibility to communicate my concerns and ask questions. I understand that I know my body best, and I am fully responsible for my wellbeing as I take ownership of my health; I also understand that I will be making all the final decisions and choosing my own health plan based on the advice and recommendations provided to me. By signing below, I agree and understand the above.

(signature)

(date: mm/dd/year)

Please keep copy for your records

SHERRY AKEF, R.H.N. Registered Holistic Nutritionist | Holistic Health Consultant | SEEDNUTRITION.COM | 778.887.7437
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