

## Agreement Concerning Scope of Care

Dear Client,

You have come to us with the desire to improve your general health through nutrition. You may or may not at the same time be under the care of a physician for primary care or for a specific ailment. It is important to understand clearly the scope and extent of the services that we expect to render in your case. Since a nutritional insufficiency may or may not be associated with a specific condition, or may be the cause of that condition, or may occur as a result of that condition, our concern in your case will be with your nutritional program and your ability to metabolize and utilize the nutrients you consume. If you have a specific condition and desire treatment for that specific condition entity, you should place yourself under the care of a specialist for such diagnosis and treatment as may be indicated or desired by you.

In our nutritional management of your case we may prescribe vitamins, minerals, enzymes, and other nutritional supplements. The purpose of these natural products is limited to

- \* improvement of your overall nutritional status
- \* improvement of your metabolism
- \* increasing you sense of well-being
- \* normalizing your appetite
- \* reducing your pain and discomfort

It is important to understand that you may not receive any of these benefits. Results do not occur predictably in every patient, and in some cases they do not occur at all.

Our viewpoint concerning nutrition and the diagnostic evaluation of a condition is not necessarily shared by the American Medical Association, the Food and Drug Association, the American Cancer Society, the Arthritis Foundation, the American Heart Association or similar agencies or organizations. Though significant evidence exists to consider such diagnostics and natural treatments safe and effective, the above agencies or organizations may consider them unproved, investigational or experimental. Signing below you acknowledge that, with full knowledge of these disagreements, you desire to undertake diagnostic evaluation and have prescribed in your case such nutritional supplements and natural treatments which, in our opinion, appear to be indicated for your condition.

Sincerely,

Tricia Talerico, D.C., M.S., Nutr.

I have read and understood the above. Under the conditions indicated, I hereby place myself under your care for such treatment, prescriptions, and therapies as may appear to be indicated in your judgment.

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Signature

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Date

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Print Name