



The Nourishing Gurus, LLC  
Nutritional Consultation Agreement

I, \_\_\_\_\_, do hereby request that Jane Schwart, RD and Stephanie Goodman, CNC, teach me about natural, holistic ways of healthful living. I am asking for nutritional counseling based upon my own convictions, which entitle me to choose that which I understand to be right for me.

I acknowledge that Jane Schwartz, RD and Stephanie Goodman, CNC are not medical doctors and that any information taught to me about food, detoxification programs, nutritional supplements, holistic health and exercise is for the purpose of education; and, is not meant to substitute for medical diagnosis and treatment.

I understand that Jane Schwartz, RD and Stephanie Goodman, CNC, recommend that the use of natural health modalities be limited to helping me optimize my natural biological processes and that I consult my medical doctor before I implement or administer any dietary, detoxification, nutritional supplementation, or exercise program; and, that for any medical problems or symptoms of ill health, it is important that I see a medical doctor for diagnosis and treatment.

I also understand that if I am presently under a medical doctor's care, pregnant or taking any medications, Jane Schwartz and Stephanie Goodman recommend that I discuss the content of this and any subsequent consultation with my medical doctor.

Cancellations made within 24 hours of the appointment will be charged \$25.

I certify that I have read and fully understand the above: \_\_\_ Yes \_\_\_ No

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_