



OLSON ACUPUNCTURE &
NUTRITIONAL HEALING

acupuncture | herbal medicine | nutrition therapy

Nutrition Response Testing® Informed Consent

PLEASE READ BEFORE SIGNING

I specifically authorize the natural health practitioners at Olson Acupuncture Group to perform a Nutrition Response Testing® health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment or cure of any disease.**

I understand that **Nutrition Response Testing® is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing® is not a method for diagnosing or treating of any disease including conditions of cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing® is a means by which the body's natural organ responses can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I understand that a \$50 fee may be charged with cancellations under a 24-hour notice.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Patient's signature _____ **Date** _____

*** Consent To Treat a Minor Child ***

I authorize the practitioner and/or whomever they designate as assistants to administer care as deemed necessary to my _____ (relationship).

Patient's Name _____

Adult's signature _____ Date _____