

**MEMORANDUM**

Date \_\_\_\_\_

To: Agape Nutritional Consultant

To establish and clarify my purpose in coming to you for a consultation. I want to clearly state that my interest in learning how to establish a good nutritional program and to learn about new lifestyle habits. I understand that is my personal decision as to whether or not to follow the program that you suggest.

I completely understand that you are not a medical doctor and that this program does not replace the advice of a physician. I understand that your advice is not meant to conflict with the recommendations of doctors or practitioners who are licensed by state or federal laws. I understand that I have a right to choose alternative methods of health treatment for myself and, that if I do so, I accept full responsibility for my actions.

I understand that you do not diagnose disease; that you do not treat disease; that you do not make recommendations that will treat a disease that I have already been diagnosed with.

I fully understand that you recommend that I visit a licensed physician if I have serious health problems, and that I should consult this physician before I make changes in my diet.

I agree to give you a 24-hour notice if for any reason I need to change or cancel an appointment. If I am unable to give this notice, I am fully aware that I will be charged an office fee.

Respectfully yours:

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone day \_\_\_\_\_ Evening \_\_\_\_\_

I am a legal guardian to a minor and accept responsibility for this consultation. My signature acknowledges that I have read all of the information.

Guardian \_\_\_\_\_ Date \_\_\_\_\_

Minors name \_\_\_\_\_