



Disclaimer Statement

I, _____, request that Be Balanced Healing perform a nutrition evaluation to address my health and wellness goals. I understand that services will include diet and lifestyle recommendations for meals, supplements, exercise, rest, and behavior changes.

I, the undersigned, understand the qualifications of Be Balanced Healing’s nutritionists: Jen Marshall, CNT is certified as a Master Nutrition Therapist from Nutrition Therapy Institute, in Denver, Colo. and is Board Certified in Holistic Nutrition® from the National Association of Nutrition Professionals; Stacy St Germain is a Certified Nutrition Therapy Practitioner from Nutrition Therapy Institute, in Denver, Colo. I understand that they are not licensed medical doctors.

I, the undersigned, understand that nutrition counseling is not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical. It is also not intended as a substitution for traditional medical care, but instead is an adjunctive and supportive therapy.

I, the undersigned, agree to pay Be Balanced Healing, LLC for nutrition consultation services rendered as agreed upon.

This agreement is being signed voluntary.

Name: _____

Signature: _____ Date: _____

Business Policies

- Be Balanced Healing, LLC accepts local checks and all major credit cards.
- Nutrition supplements and select lab tests are available for purchase.
- 24 hour cancellation notice is required. Barring an emergency, if you cancel or miss an appointment with less than a 24 hour notice you will be charged for the full appointment fee or the missed appointment will count towards your package.
- Clients will still be charged for a full appointment if they are late. The original time slot allotted will be used and no extra time will be given.
- Clients will be charged a \$50 for all returned checks.
- Packages are valid for 1 year after purchase date.
- Packages are non-refundable.

_____ Initial here to note agreement of Business Policies.