



437 South Highway 101 Suite 202
Solana Beach, CA 92075
858-792-0754

Permission and Authorization Form

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Chadwell Center for Health. to perform a nutritional health analysis and to develop a natural, complimentary health improvement program for me. My program 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 **the analysis used are a safe and non-invasive** natural method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that the analysis used is not a method for "diagnosing" or "treating" 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 any analysis performed or any natural health, nutritional or dietary programs recommended. I understand that the analysis performed is a means by which to determine possible nutritional imbalances, so that safe, natural programs can be developed for the purpose of bringing about a more optimal state of health.

Furthermore, I understand that I am fully responsible for all aspects of my own healthcare, and will not hold Chadwell Center for Health, its employees, or agents, liable for any actions I take based on the information provided.

I have read and understand the above.

This permission form applies to all visits and consultations.

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Signature: _____

(If minor, signature of parent or guardian)

Witness: _____