



2-4 Austin Ct Poughkeepsie, NY (845)471-6400

**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF NUTRITION RESPONSE TESTING™**

PLEASE READ BEFORE SIGNING

I specifically authorize the natural health practitioners at the natural health improvement center, Holistic Healing and Nutrition LLC, 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 of 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 reflexes can be used as an aid to determining possible nutritional imbalances, so that safe and natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and I understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Signature: _____ (If a minor, please have parent or guardian sign)