



## **NUTRITIONAL INFORMED CONSENT**

According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term ‘**DRUG**’ is defined to mean:

***“Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease.”***

A vitamin is not a drug; neither is a mineral, trace element, amino acid, herb, or homeopathic remedy. Although a vitamin, mineral, trace element, amino acid, herb, or homeopathic remedy may have an effect on a disease process or symptom, this does not mean that it can be misrepresented, or be classified as a drug by anyone. Therefore, please be advised that any suggested nutritional dietary advice is not intended as a primary treatment or therapy for a disease or bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of the spine following chiropractic adjustments.

Our Practice utilizes whole food supplements and herbs to supply nutrients that support cell function and a healthy physiology. The supplements recommended are based on your unique evaluation. The cost of the supplements is not included in your evaluation fee.

By my signature below, I understand that the nutritional evaluation is a non-invasive method of analyzing the nutritional needs of my body. Nutritional deficiencies may cause or contribute to various health issues. I understand that the methods used at East Cobb Spine & Sport Chiropractic are not to diagnose or treat any disease or other specific medical condition(s). There is no testing being performed for any specific medical condition. Further, I understand that the nutritional and/or dietary program being recommended is not guaranteed, and no assurances have been made.

By my signature below, I understand that the Nutritionist I am seeing is not a medical physician, and I am not consulting for medical, diagnostic, or treatment procedures. The services performed by the Nutritionist are restricted to helping me gain better understanding of my degree of health, so I will have greater self-awareness and be able to use a self-care program for daily living.

By my signature below, I authorize East Cobb Spine & Sport Chiropractic to perform a nutritional evaluation on me for the purpose of developing a program to improve my health and not for treatment or cure of any specific disease. My evaluation will not involve the diagnosing of disease or prescribing of drugs, or any act for which a medical license is required.

**I have read and understand the above:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*If client is a minor:*

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

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