



**PERMISSION AND AUTHORIZATION FORM
REGARDING THE USE OF NUTRITION RESPONSE TESTING**

I specifically authorize the natural health practitioners at *Alive & Well* 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 or imbalances 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” any disease and that no promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended.

This permission form applies to subsequent visits and consultations.

Date: _____

Print name: _____

X Signature: _____

(Signature of parent or guardian required for minors)