



Email: info@nutricouture.care

Tel: +353860327491

Website: nutricouture.care

PATIENT CONSENT FORM

This form is a legal document that explains the risks the client assumes when partaking in service(s) with NUTRICOUTURE. It is important that the client read and understand it completely. After doing so, the client is asked to please sign the form and put the date of consent to confirm that he/she has read, fully understand, and agree to all of the statements and agreements.

The client gives consent to NUTRICOUTURE to provide nutrition consultation to him/herself or the individual for which he/she is legally responsible. The client understands that Tatiana Zabavina is a fully registered and insured Nutrition Therapist (not a licensed dietitian or medical consultant). She does not claim to treat, cure, or diagnose any specific disease or medical condition.

The naturopathic nutrition practitioner

- Naturopathic nutritional advice will be tailored to support medically diagnosed conditions and/or health concerns agreed and identified by the two parties.
- Naturopathic nutritional practitioners are not permitted to diagnose or claim to treat medical conditions.
- Naturopathic nutritional therapy is not a substitute for professional medical advice and treatment.
- All personal information the client shares with NUTRICOUTURE will be kept strictly confidential, unless the client consents to sharing it.

The client

- You are responsible for contacting your GP or specialist about any health concerns you may have.
- Please advise your GP of the naturopathic nutrition protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting.
- It is important that you tell your practitioner about any medical diagnosis you have received any prescription medication, herbal medicine or food supplements or over the counter medication you are taking as it may affect the naturopathic nutritional program.
- If you are unclear about any part of your plan then you should contact your practitioner immediately for clarification. Your student practitioner will then contact a qualified supervisor to seek advice before responding to you.
- Your naturopathic nutritional program and supplement plan will have a time frame and you should not continue with recommendations outside of this unless agreed by your naturopathic nutritional practitioner. This is to avoid any adverse reactions.
- Please report any concerns about your program to your naturopathic nutritional practitioner for discussion at your next consultation.
- You understand that results are individual and may vary.
- You understand and acknowledge that NUTRICOUTURE does not have control over how you may use the information provided and, therefore, NUTRICOUTURE will not be help responsible for your actions.

In addition, you agree that all information you receive from NUTRICOUTURE is for your personal use and may be shared only with your family and GP/medical consultant/counsellor/other healthcare practitioner. No part of this information may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means including, but not limited to, electronic, mechanical, photocopy, recording without the prior written permission of NUTRICOUTURE.

You understand that you may be contact with NUTRICOUTURE using Skype, email or another application of your choice to relay appointment times, online consultations and services, and progress discussions. Because it is not possible to guarantee the security of this form of communication, it is generally not recommended that you share personal health information. However, it is your decision what to include in such communication and you take full responsibility for the security of this information.

We/I understand the above and agree that our professional relationship will be based on the above content of this document. I understand my case will not be videotaped. I understand that my case may be written up as a case study but that my name and any personal identifiable details will be removed from the written submission.

Signed Agreement

Client:	Professional practitioner:
Signature:	Signature:
Date:	Date: