



Congratulations, you are taking a great step towards better health & wellness!

Doctor Notification Policy:

It is common practice for naturopaths, nutritionists, and other non-licensed practitioners to collect your signature on a liability waiver form such as this. By doing so you acknowledge that it is your responsibility to deliver all laboratory test results, now and in the future, to your own physician for any medical interpretation or opinion regarding any laboratory results provided by Angel Health & Education Inc or affiliates. The undersigned agrees that he or she will receive a nutritional interpretation of the test results from Angel Health & Education Inc that is to be used exclusively by the undersigned as an educational tool for personal health purposes. However, the personal physician of the undersigned may use these same laboratory results to diagnose and treat disease. The information on Angel Health & Education Inc web sites, brochures, flyers, and information packets are believed to be extremely accurate, but such accuracy cannot be guaranteed by Angel Health & Education Inc and independent representatives, associates and affiliates as we are not the originators of the underlying data used in the interpretation. The undersigned releases Angel Health & Education Inc from any liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the dietary, supplement and lifestyle suggestions provided. Before making any changes to the exercise, diet or nutritional or hormonal supplementation of the undersigned, a physician should be consulted.

Angel Health & Education Inc does not diagnose, cure or treat any illness or disease. *Out of reference laboratory reference range results* will be indicated on the official lab result form provided by Angel Health & Education Inc from a State Certified Laboratory to the undersigned. This information is not intended to, cannot, and should not be expected to substitute for a personal consultation with your own physician. Further, the undersigned releases Angel Health & Education Inc and lab partners, independent representatives, associates and affiliates from any and all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of their services.

Refund policy:

If you make a mistake collecting saliva or urine specimens, etc., or if the lab refuses to accept specimens because of a mistake you made, a one-time free replacement test kit will be provided to you. Please call the office before discarding any specimens collected.

Otherwise, once test kits are in your possession, they may not be returned and no refunds are allowed for any test kits due to safety, hygiene and accuracy concerns.

Signature _____

Date _____



Nutrition Services Agreement

NAME _____ DATE _____

ADDRESS _____

ZIP CODE _____ HOME PH# _____ CELL _____

EMAIL ADDRESS _____

The services provided in this nutritional contract are confidential and will be kept as such, unless a signed release from the client has been executed.

I request that Marti Angel, MA, perform an evaluation (or interview) and set up a program (or have sessions, etc.) for the purpose of reducing stress and enhancing my health.

I understand that the services rendered at Angel Health and Education, Inc. are not intended as diagnosis, prescription, or treatment for any disease, physical or mental. It is also not intended as a substitute for regular medical care.

I fully understand that the services preformed are for nutritional informational knowledge.

This agreement is being signed voluntarily and not under duress.

Date _____ Signature _____

ARTICLE IX, U.S. CONSTITUTION

“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in health care (or psychological services, or educational services, etc...). This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment, as enumerated in this declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.



CLIENT INFORMATION

NAME _____ DATE _____

ADDRESS _____

ZIP CODE _____ HOME PH# _____ CELL _____

EMAIL ADDRESS _____

BIRTHDATE _____ BORN IN _____

CHILDREN _____ NAMES AND AGES _____

1. HAVE YOU EVER BEEN TO A HOLISTIC NUTRTION CENTER? _____

2. WHAT IS YOUR COMMITMENT TO THIS LIFESTYLE CHANGE?

3. DO YOU HAVE ANY PROPENSITIES TO DIS-EASE? WHICH ONES?

4. DO YOU TAKE VITAMINS? _____ WHAT BRAND? _____