

HANNAH ALDERSON

Registered Nutritional Therapist

STATEMENT OF ACKNOWLEDGEMENT AND INFORMED CONSENT TO EXAMINATION AND COMPILATION OF PROTOCOL

This form must be signed before our consultation can commence.

Hannah Alderson Registered Nutritional Therapist. This clinic utilises the principles and practices of Nutritional Therapy and Functional Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means. Nutritional Therapy and Functional Medicine assess the whole person, assessing mental, emotional and physical health. During your visit, a thorough health history will be taken and if needed examination such as hip to waist measurements (No clothes need to be removed) weight measured could be taken, and specific lab diagnostic tests may be required by other health care practitioners you have/are seeing or through private testing laboratories.

By signing this statement of acknowledgment, you understand that:

1. I am a registered Nutritional Therapist and not a conventional medical doctor (GP). Any treatment you receive is not mutually exclusive from any treatment or advice you may now be receiving or may receive in the future from any other licensed health care practitioner.
2. The methods I may use have a proven clinical and evidence based foundation, yet may not be recognised or accepted by standard (allopathic) medicine.
3. The treatment and/or referral to other health care practitioners is based on the assessment of your health, revealed through personal history, examination, laboratory testing, and any other appropriate method of evaluation.
4. I reserve the right to determine which cases fall outside my scope of practice, in which event the appropriate referral will be recommended.
5. You are not an agent of any private or government agency attempting to gather information without so stating your intentions.
6. Changes in dietary habits are not an absolute prerequisite for treatment and you understand that failure to follow sound nutritional, exercise and lifestyle programs could undermine any expected results.
7. You are accepting or rejecting this care of your own free will.
8. The ultimate responsibility for your health care is your own and that I am here to support you in this. I reserve the right to discontinue my services where it is apparent that your expectations and what I can provide are not in agreement.
9. Understanding that all fees for services are payable ahead of appointments, no refunds for cancellations are available. In cases of instalment plans, I adhere to the agreement set out.



Registered Nutritional Therapist & Functional Medicine Practitioner

Women's Health

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10. I also recognise that even the gentlest therapies, supplements and medications potentially have their complications in certain physiological conditions, in very young children, in those on multiple medications, in pregnancy, while breastfeeding and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; all medications, including over the counter drugs and supplements. The slight health risk of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from acupuncture.
11. Everything discussed and all information gathered is strictly confidential. All personal information will be securely stored and never shared.

As a client of this clinic I,.....
have read and understood and acknowledge the above statements.

Signature.....

Date.....



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