

Client Acknowledgement Form

I hereby attest to the following:

- 1) I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial or municipal agency on a mission of entrapment or investigation.
- 2) I fully understand that Registered Holistic Allergists are **not** medical doctors and I am not here for medical diagnostic or treatment procedures.
- 3) The services performed by *Carol Brosius* are at all times restricted to consultation on the subject of nutritional matters or the sensitivities to various substances, and does not involve the use of scratch tests, needles or blood tests to verify the client's sensitivities or intolerances to foods or environmental substances. All testing is done for experimental or educational purposes only and does not involve the diagnosing, prognosticating, treatment or prescribing of remedies for the treatment or prescribing of remedies for the treatment of disease or any act which will constitute the practice of medicine in this province in which a license is required.
- 4) All suggestions regarding herbs or nutritional matters are based on historical and traditional use.
- 5) The client should **not** for any reason, ingest or expose himself/herself to any substance that he/she has previously been diagnosed as allergic or anaphylactic by a qualified physician/allergist, or if the client/patient is aware of any severe allergy to a substance, unless he/she has first been given consent by a qualified medical physician/allergist.
- 6) Program compliance is required for guaranteed results.
- 7) The decision to follow any recommendations made rests solely with the undersigned.

PLEASE PRINT:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Signed: _____ Date: _____