

Consent

I request that Christi Mintz, complete an overall evaluation for me, body, mind, soul, as well as create a plan to support my optimal health. Moreover, I request that she suggest any nutritional supplements, holistic practices or recommend lifestyle changes for the purpose of enhancing my health or supporting any illnesses I may be experiencing.

Client Initials _____ Date _____

Disclosure

I understand that Christi Mintz is a Master Nutrition Therapist, ThetaHealer Practitioner, Reiki Master and owner of Divine Healing. I recognize that she has completed the Nutrition Therapy Program and has obtained her certification from the Nutrition Therapy Institute, she has been attuned and trained as a Reiki Master and has completed her instruction for ThetaHealing and is a certified ThetaHealing Practitioner.

Client's Initials _____ Date _____

Disclaimer

I understand that holistic health care is not intended to diagnose, treat or prescribe a cure for any illness or disease and is not intended to substitute regular medical care. I recognize that Christi Mintz will assess my current health and advise me of possible nutritional, emotional, mental and spiritual lifestyle changes.

Client's Initials _____ Date _____

Divine Healing
Christi Mintz, MNT, RM, THP
720-490-6727

Client Agreement and Release

I, _____, agree to accept and pay for the services offered to me and provided to me by Christi Mintz of Divine Healing.

I understand that these nutritional services may include, but will not necessarily be limited to instruction in the development of healthy eating habits; menu planning; physical exercise; sleep patterns; healthy home and workplace environments; behavioral and pattered changes. The counseling offered under this agreement is acknowledged and understood to be strictly non-medical and non-psychological nature and is accepted solely and exclusively for enlightenment purposes only.

The services provided by Christi Mintz of Divine Healing are at all times restricted to consultation on the subject of lifestyle and nutritional matters, intended for augmenting general health and do not involve diagnosing, prognosticating, treatment or prescribing remedies for treatment of disease.

This agreement is being signed voluntarily and not under duress of any kind:

Client Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____

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