



Whole Health and Nutrition, LLC

Leanne J. Sotir, PhD, RNCP

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CONSENT FORM

I, _____, in affixing my signature to this instrument do thereby agree to and understand the following:

- 1.) As a client I will be informed of the natural approaches, such as diet, vitamins, minerals, herbs, etc. necessary for achieving wellness and a healthy lifestyle;
- 2.) That Leanne J. Sotir does not at any time engage in the diagnosis and treatment of disease. She does not prescribe, diagnose, treat, cure, heal or otherwise perform a duty that is reserved for those who are licensed to do so. She works together with the client through natural methods to achieve the best outcome possible for the client, and in no context of the phrase “practices medicine”;
- 3.) That Leanne J. Sotir’s professional training is that of a Holistic Nutritional Consultant, Natural Health Practitioner, and Herbalist. She is not a Medical Doctor, Nutritionist or a Licensed Dietitian;
- 4.) Any healing of illness or diseases I may experience as a result of following the instruction given by Leanne J. Sotir, was purely the result of the body itself once a naturally correct way of living was implemented, for it is only the body that heals itself, not any person;
- 5.) That no health claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Leanne J. Sotir, concerning a natural correct way of living;
- 6.) That the instruction given by Leanne J. Sotir, in no way replaces proper medical care, and that I am free to choose natural methods to achieve a healthy lifestyle.

IMPORTANT:

Our office is a fragrance-free environment. Upon arriving at your scheduled appointment, please do not wear any perfumes, colognes, strong smelling soaps, essential oils, hairsprays or gels that are scented. Some of our clients are chemically sensitive, and may get extremely ill if subjected to these (or any) smells. If you arrive wearing a fragrance of any kind, your appointment will need to be rescheduled, for the better health of our clients. Thank you for your consideration in regards to these requirements.

Signature _____ Date _____

