

Healthy Solutions

Statement of Intent

I, Rhonda McKinney, CN am a Certified Nutritional Consultant and not a physician. I do not diagnose or treat a disease. I assist clients in their desire to support the innate healing response of their body by suggesting an individual selection of food, herbs, nutrition supplements, relaxation, visualization and exercise programs. A Nutritional Assessment and Evaluation consists of health history, dietary intake, metabolic assessments and nutritional testing.

Client Informed Consent

I, _____, understand that the information provided to me on the relationship between nutrition and health is NOT meant to replace medical care or treatment for any health problem or condition. I understand that a Nutritional Assessment and Evaluation is not done to define health as it relates to disease, but as it relates to wellness. I choose to improve my health assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General (1990) estimated that 7 out of the 10 leading causes of death in America are related to lifestyle habits such as smoking, lack of exercise, unhealthy eating and substance abuse. They are the focal points of our work together. I am here today and any subsequent visit, solely on my own behalf.

I am ___ am not ___ under the care of a physician for a health problem or medical condition. If so, for what problem(s) or condition(s)? _____

Rhonda McKinney, CN, has my permission to contact my physician about the work we are doing and to obtain client/patient records as appropriate.

My physician's name and telephone number are: _____

I agree if it becomes necessary to reschedule my appointment, I will notify Healthy Solutions at least 48 hours prior to my appointment or a fee of \$50.00 may be assessed.

Counseling Session Fees:

Rhonda McKinney, CN are \$150 for initial session. \$100 for follow up sessions

Important: On your first visit, please bring all supplements and prescription medications that you are currently taking. Also, bring a copy of blood work done within the last 12 months. Please keep a 3-day food diary of everything that you eat and drink.

Client Signature

Date

Parent/Guardian signature if under 18 years of age

Date