



Informed Consent for Nutritional Services of Kandice Stellmon, NC

Welcome to my practice. As you know, I am a practitioner of nutrition. I am not a licensed physician, nor are nutrition services licensed by the state. The concept of nutrition is that when properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well-being. As a practitioner of nutrition, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary guidance appropriate to your lifestyle and environment
- Education and research on your health concerns
- Health support complementary to that provided by licensed professionals

My training and education includes:

- Academic training
- Culinary Arts training
- Nutrition Educator Certification
- Nutrition Consultant Certification
- Continuing education in nutrition (provided upon request)

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My services in nutrition are complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the *patient information sheet*.

If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving nutrition services.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the nutrition services offered by Kandice Stellmon and her training and education. I have discussed with her the nature of the services to be provided. I understand that she is not a licensed physician and that nutrition services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider.

Responsible Party's Signature

Date: _____

Relation to Patient: _____

Responsible Party's Signature

Date: _____

Relation to Patient: _____

If patient is a minor, both parents and/or all legal guardians must sign